


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10: 05

DOCUMENT # P93000038969 (0)
1. Corporation Name
BLUE MARLIN INSURANCE AGENCY, INC.

Principal Place of Business: 4189 N STATE RD 7 LAUDERDALE LAKES FL 33319
Mailing Address: 4189 N STATE RD 7 LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc. []
23 City & State []
24 Zip [] 25 Country []
2a. Mailing Address
26 []
27 Suite, Apt. #, etc. []
28 City & State []
29 Zip [] 30 Country []

3. Date Incorporated or Qualified: 06/02/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0420830
Applied For: [] Not Applicable []
5. Certificate of Status Desired: [] \$0.75 Additional Fee Required []
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees []
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent
**GOLDING, SHELDON ATTY
101 NE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 City []
85 Zip Code []

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACKSON, COLIN
STREET ADDRESS	4189 N STATE RD 7
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR