## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P95000009083 (3)

MARITIME WARRANTIES USA, INC.

Principal Place of Business

Mailing Address

## FILED Apr 01 1998 8:00am Secretary of State



200 EAST LAS OLAS BLVD., SUITE 1800 200 EAST LAS OLAS BLVD., SUITE 1800 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0567898 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRINKLEY, W. MICHAEL 81 200 EAST LAS OLAS BLVD., SUITE 1800 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITI F 117016 PRESIDENT Change k Addition SQUIBB, MARY NAME 1.2 NAME SQUIBB, MARY 200 EAST LAS OLAS BLVD., SUITE 1800 STREET ADDRESS 1.3 STREET ADDRESS 200 EAST LAS OLAS BLVD., FT. LAUDERDALE, FL 33301 **SUITE 1800** FT. LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 2.1 TITLE SECRETARY ☐ Change **FACKRELL, ROBERT** NAME 2.2 NAME FACKRELL, ROBERT 200 EAST LAS OLAS BLVD., SUITE 1800 STREET ADDRESS 2.3 STREET ADDRESS 200 EAST LAS OLAS BLVD., SUITE 1800 FT. LAUDERDALE FL 33301 CITY-ST-ZIP 2.4 CITY - ST-ZIP FT. LAUDERDALE, FL 33301 DELETE Change TITLE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME j god o STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2/0/00