FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:44

DOCUMENT # **S83557** **(6)**

1. Corporation Name
MARINE INSURANCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1590 S.W. 23 CT. #1 FT. LAUDERDALE FL 33315	114 LAKE EMERALD DRIVE SUITE 306 OAKLAND PARK FL 33309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 10/18/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0288776	☐ Applied For ☐ Not Applicable
21	26 1590 S.W. 23 CT.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #1	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 FORT LAUDERDALE FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33315 / Country 30 U.S.A	9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARLAND, JAMES E. SR. 7795 SW 79 COURT SOUTH MIAMI FL 33143	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	GARLAND, G. JEFFERY	12 NAME	GARLAND G. JEFFERY
STREET ADDRESS	114 LAKE EMERALD DRIVE #306	13 STREET ADDRESS	1590 S.W. 23 CT. #1
CITY-ST-ZIP	OAKLAND PARK FL	14 CITY-ST-ZIP	FORT LAUDERDALE FLORIDA 33315
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: G. Jeffery Garland 3/23/95 (305) 7643999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Telephone Number
G. JEFFERY GARLAND

0217644 CP