

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S83557** (6)

1. Corporation Name

MARINE INSURANCE ASSOCIATES, INC.



Principal Place of Business

**1590 S.W. 23 CT.
#1
FT. LAUDERDALE FL 33315**

Mailing Address

**1590 SW 23 CT
STE 1
FT LAUDERDALE FL 33315
US**

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

65-0288776

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 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 ☐ No

9. 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

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

1849 WILLOW BEND LANE

83

MONARCH COUNTRY CLUB

84 City

PALM CITY

FL

85 Zip Code

34990

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 of Registered Agent or Principal Officer

Signature of Registered Agent or Principal Officer

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GARLAND, G. JEFFERY**
STREET ADDRESS **1590 SW 23 CT STE 1**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, shown on an attachment with a brief address.

SIGNATURE:

G. Jeffery Garland
Signature and Typed Name of Signing Officer or Director

President 5/27/96 954-764-3999
DATE

CR2E034 (12/95)