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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S83557			
1. Corporation Name MARINE INSURANCE ASSOCIATES, INC.			
Principal Place of Business 1549 SW 18TH AVE FT. LAUDERDALE FL 33312 US		Mailing Address 1549 SW 18TH AVE FT LAUDERDALE FL 33312 US	
2. Principal Place of Business 21 257 S. CYPRESS RD Suite, Apt. #, etc. #422 22 City & State POMPANO BCH, FLA Zip Country 33060 USA		2a. Mailing Address 26 257 S. CYPRESS RD Suite, Apt. #, etc. #422 27 City & State POMPANO BCH, FLA Zip Country 33060 USA	
9. Name and Address of Current Registered Agent GARLAND, JAMES E. SR. 1849 WILLOW BEND LANE MONARCH COUNTRY CLUB PALM CITY FL 34990		10. Name and Address of New Registered Agent 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D. GARLAND, G. JEFFERY 1549 SW 18 AVE FT LAUDERDALE FL 33060		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 257 S. CYPRESS RD #422 POMPANO BCH, FLA 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [DELETED]	

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, on an attachment with an address, with all other like empowered.

SIGNATURE: G. Jeffery Garland 4/27/99 954-806 6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0291971

CR2E034 (11/98)