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

FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** SEAWARD MARINE & GENERAL INSURANCE SERVICES, INC Mailing Address Principal Place of Business POST OFFICE BOX 398441 POST OFFICE BOX 398441 MIAMI BCH. FL 33239 MIAMI BCH. FL 33239 3. Date Incorporated or 04/15/1992 3a. Date of Last Report 04/17/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0344955 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 C8. This corporation has liability for intangible tax under s. 199.032, $Z_{1}D$ Country Zip Florida Statutes ☐ Yes ☐ No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VERCHINSKI, DIANE Street Address (P.O. Box Number is Not Acceptable) 1001 W 46TH ST. #33 MIAMI BCH. FL 33140 Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute named corporation submits this statement for the purpose of changing its registered office control to board of decolors. Thereby accept the appointment as registered agent. Fam r-ursuani, to the provisions of Sections our Joseph and box, 1506, monda Statitt or registered agent, or both, in the State of Florida. Such change was authorize familiar with, and accept the obligations of, Section 607,0505. Florida Statutes DATÉ Signative typestor profestions advantage teach apost available transmission SIGNATURE CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE VERCHINSKI, DIANE NAME 1001 W. 46TH ST. #33 ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY - ST - ZIP DELETE Change ☐ Addition TITLE JOHNSON, GERALD R 1001 W. 46TH ST. #33 ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP DELETE ☐ Charige ncitibbA 🔲 TiTLE NAME 3 St ATLABESS STREET ADDRESS ZIF CITY - ST - ZIF DELETE Change Addition TITLE NAME CORESS STREET ADDRESS 78 CITY - ST-ZIP DELETE Change Addition TITLE NAME ODBESS. STREET ADDRESS - 216 CITY - ST - ZIF DELETE Change Addition TITLE NAME ADDRESS. STREET ADORESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished. Simil 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 riverarid accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee end the eacute this report as required by Chapter 607, Florida Statutes, and that my name cath, that I am an officer or director of the corporation or the receiver or trustee end the eacute this report as required by Chapter 607, Florida Statutes, and that my name

6/1/96 3055380474

if changed, or on an attachment with an acciress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

appears in Block 12 or Blo

SIGNATURE: