

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V69243** (6)

1. Corporation Name

MARINE AND GENERAL INSURANCE CORP.

Principal Place of Business

**2300 GLADES RD
EAST TOWER #135
BOCA RATON FL 33431-7335
US**

Mailing Address

**2300 GLADES RD
EAST TOWER #135
BOCA RATON FL 33431-7335
US**

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

25

29

30

9. Name and Address of Current Registered Agent

**NANCY G. DEWEY
2300 GLADES RD #135E
BOCA RATON FL 33431**

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 607.0102 and 607.1505, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LUND, H.N.	
STREET ADDRESS	2300 GLADES RD #135E	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	SCROPE, S.E.	
STREET ADDRESS	2300 GLADES RD #135E	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DP	☐ DELETE
NAME	FELLOWS, C.W.A.	
STREET ADDRESS	2300 GLADES RD #135E	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	VS	☐ DELETE
NAME	DEWEY, NANCY GRACE	
STREET ADDRESS	2300 GLADES RD #135E	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form 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 included on this form is true and correct 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 registered agent or authorized person 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 in an addition to Block 13.

SIGNATURE:

Nancy G. Dewey
Nancy G. Dewey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

407/392-1323

CR2E034 (12/95)