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May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 842066 (3)

1. Corporation Name
NORSEMAN MARINE, INC.



Principal Place of Business: 516 W LAS OLAS BLVD FT LAUDERDALE FL 33312-7136
Mailing Address: 516 W LAS OLAS BLVD FT LAUDERDALE FL 33312-7136

3. Date Incorporated or Qualified: 12/14/1978
3a. Date of Last Report: 05/01/1996
4. FEI Number: 73-1003773
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

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
22. Suite, Apt. #, etc.: []
27. Suite, Apt. #, etc.: []
23. City & State: []
28. City & State: []
24. Zip: [] 25. Country: [] 29. Zip: [] 30. Country: []

9. Name and Address of Current Registered Agent
BARRETT, DALE
516 W LAS LAS BLVD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81. Name: []
82. Street Address (P.O. Box Number is Not Acceptable): []
83. []
84. City: [] 85. Zip Code: FL []

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: [] (NOTE: Registered Agent signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS
1. TITLE: VPD [] DELETE
2. NAME: BARRETT, DALE
3. STREET ADDRESS: 46-442 HAIKU PLANTATION
4. CITY-ST-ZIP: KANEOKE HI
5. TITLE: S [] DELETE
6. NAME: IMSON, WALTER
7. STREET ADDRESS: 2140 S.W. 23RD TERRACE
8. CITY-ST-ZIP: FT LAUDERDALE, FL 00000
9. TITLE: [] DELETE
10. NAME: []
11. STREET ADDRESS: []
12. CITY-ST-ZIP: []
13. TITLE: [] DELETE
14. NAME: []
15. STREET ADDRESS: []
16. CITY-ST-ZIP: []
17. TITLE: [] DELETE
18. NAME: []
19. STREET ADDRESS: []
20. CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: []
1.3 STREET ADDRESS: []
1.4 CITY-ST-ZIP: []
2.1 TITLE: [] Change [] Addition
2.2 NAME: []
2.3 STREET ADDRESS: []
2.4 CITY-ST-ZIP: []
3.1 TITLE: [] Change [] Addition
3.2 NAME: []
3.3 STREET ADDRESS: []
3.4 CITY-ST-ZIP: []
4.1 TITLE: [] Change [] Addition
4.2 NAME: []
4.3 STREET ADDRESS: []
4.4 CITY-ST-ZIP: []
5.1 TITLE: [] Change [] Addition
5.2 NAME: []
5.3 STREET ADDRESS: []
5.4 CITY-ST-ZIP: []
6.1 TITLE: [] Change [] Addition
6.2 NAME: []
6.3 STREET ADDRESS: []
6.4 CITY-ST-ZIP: []

14. I do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: [] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)