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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F92000000866 (5)

1. Corporation Name

EURO CANADIAN MARINE LIMITED, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business EURO CANADIAN CENTRE P.O. BOX N - 3742 NASSAU BA	Mailing Address EURO CANADIAN CENTRE P.O. BOX N - 3742 NASSAU BA
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3. Date Incorporated or Qualified 12/23/1992	3a. Date of Last Report 04/20/1994
4. FEI Number 98-0130985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**CAPITAL CORPORATE SERVICES INC.
633 TIMBERLAND ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	PD
NAME	JULIEN, ROBERT <i>REPLACED</i>
STREET ADDRESS	P.O. BOX N-3742 N/A
CITY - ST - ZIP	NASSAU
TITLE	TD
NAME	MCGOWAN, RAYMOND A P S
STREET ADDRESS	EURO CANADIAN BANK/P O BOX N-3742 N/A
CITY - ST - ZIP	NASSAU BA
TITLE	SD
NAME	BARNETT, RUSSELL N
STREET ADDRESS	EURO CANADIAN BANK/P O BOX N -3742 N/A
CITY - ST - ZIP	NASSAU BA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICK A. BYRNE	
1.3 STREET ADDRESS	P.O. BOX N. 3742 N/A	
1.4 CITY - ST - ZIP	NASSAU, BAHAMAS	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

JK 3/20

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. McGowan* **RAYMOND A.P.S. MCGOWAN** 3, G. 95 109-327-2996

Signature and typed or printed name of signing officer or director Title Date