FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003140 (0)**

1. Corporation Name
AVON MARINE, INC.

Principal Place of Business	Mailing Address
1851 MCGAW AVE IRVINE CA 92714	1851 MCGAW AVE IRVINE CA 92714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1994**
3a. Date of Last Report:

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): County (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): County (30):

4. FEI Number: **95-2383212** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

STEARNS, STEVE
4740 126TH AVE N.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: MARSHA REYNOLDS
82 Street Address (P.O. Box Number is Not Acceptable): 4740 126TH AVE. N.
83: CLEARWATER, FL
84 City: FL 85 Zip Code: 34622

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: MARSHA REYNOLDS Marsha Reynolds 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on all new filings) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	STUART, ROSS	12 NAME	
STREET ADDRESS	1851 MCGAW AVE	13 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	14 CITY-ST-ZIP	
TITLE	VCV	21 TITLE	☐ Change ☐ Addition
NAME	GEOFFROY, DAVE	22 NAME	
STREET ADDRESS	1851 MCGAW AVE	23 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MORGAN, ALAN	32 NAME	
STREET ADDRESS	1851 MCGAW AVE	33 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	CLARK, JODEE	42 NAME	
STREET ADDRESS	1851 MCGAW AVE	43 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP	
TITLE	CP	51 TITLE	☐ Change ☐ Addition
NAME	DAVID POWELL	52 NAME	
STREET ADDRESS	1851 McGAW	53 STREET ADDRESS	
CITY-ST-ZIP	IRVINE, CA. 92714	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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, or on an attachment with an address.

SIGNATURE: [signature] DAVE GEOFFROY 4/18/95 (714) 250-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482510 FP