


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003140 (0)**

1. Corporation Name  
**AVON MARINE, INC.**

RECEIVED JAN 07 1998



Principal Place of Business  
**1851 MCGAW AVE  
IRVINE CA 92714**

Mailing Address  
**1851 MCGAW AVE  
IRVINE CA 92714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4740 126TH AVE. N.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4740 126TH AVE. N.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/15/1994</b>	
22 City & State 23 <b>CLEARWATER, FL</b>		27 City & State 28 <b>CLEARWATER, FL</b>		4. FEI Number <b>95-2383212</b> Applied For Not Applicable	
24 <b>33762</b> Country 25 <b>USA</b>		29 <b>33762</b> Country 30 <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
9. Name and Address of Current Registered Agent <b>REYNOLDS, MARSHA 4740 126TH AVE N CLEARWATER FL 34622</b>		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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.		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		83	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		84 City		85 Zip Code <b>FL 33762</b>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>1851 MCGAW</b>	1.3 STREET ADDRESS	<b>4740 126TH AVE. N.</b>
CITY-ST-ZIP	<b>IRVINE CA</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33762</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALAN REUINGTON</b>	2.2 NAME	
STREET ADDRESS	<b>1851 MCGAW AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINE CA</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, ALAN</b>	3.2 NAME	
STREET ADDRESS	<b>1851 MCGAW AVE</b>	3.3 STREET ADDRESS	<b>4740 126TH AVE. N.</b>
CITY-ST-ZIP	<b>IRVINE CA</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33762</b>
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT J WAAS</b>	4.2 NAME	
STREET ADDRESS	<b>1851 MCGAW AVE</b>	4.3 STREET ADDRESS	<b>4740 126TH AVE N.</b>
CITY-ST-ZIP	<b>IRVINE CA</b>	4.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33762</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>LAWRENCE CURTIS</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>11215 YOUNG RIVER AVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>FOUNTAIN VALLEY, CA. 92708</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **Robert J. Waas**

1/7/98 (813) 573-5880

CR2E034 (10/97)