

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Division of CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # **J14677** (5)

1. Corporation Name
NOA MARINE, INC.

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Name of Business: **% DANIEL J. AVOURES**
13000 GANDY BLVD., N.
ST. PETERSBURG FL 33702

Mailing Address: **% DANIEL J. AVOURES**
13000 GANDY BLVD., N.
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		20. Mailing Address		3. Date Incorporated or Qualified 05/12/1986	3a. Date of Last Report 05/01/1994
21. Subst. Apt. # etc.	26. Subst. Apt. # etc.	4. FEI Number 59-2686955		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. County	28. County	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. State	25. State	29. State		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

AVOURES, DANIEL J.
12519 TWIN BRANCH ACRES RD.
TAMPA FL 33625

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

11. Pursuant to the provisions of Sections 607.0507 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 Sections 607.0507, Florida Statutes.

SIGNATURE: _____ (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD AVOURES, DANIEL J.	12.2 STREET ADDRESS: 12519 TWIN BRANCH ACRES TAMPA FL	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: VD AVOURES, KATHERINE I.	12.4 STREET ADDRESS: 12519 TWIN BRANCH ACRES TAMPA FL	13.3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____	12.6 STREET ADDRESS: _____	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: _____	12.8 STREET ADDRESS: _____	13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: _____	12.10 STREET ADDRESS: _____	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME: _____	12.12 STREET ADDRESS: _____	13.11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not liable for the penalties stated in Sections 119.07(2)(a), 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 treasurer or trustee and required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this filing on Block 13 of a transcript of an attached filing with an address.

SIGNATURE: *Katherine I Avoures*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (812) 221-0219