


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

FILED  
Jun 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> P96000023913 1. Corporation Name <b>Newcorp Marine Inc.</b>		

Principal Place of Business <b>400 Beach Rd., S-103 Vero Beach, FL. 32963</b>	Mailing Address <b>400 Beach Rd., S-103 Vero Beach, FL. 32963</b>
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2. Principal Place of Business 21 <b>400 Beach Rd.</b> Suite, Apt. #, etc. 22 <b>Suite 103</b> City & State 23 <b>Vero Beach</b> Zip 24 <b>32963</b>	2a. Mailing Address 26 <b>400 Beach Rd.</b> Suite, Apt. #, etc. 27 <b>Suite 103</b> City & State 28 <b>Vero Beach</b> Zip 29 <b>32963</b>	3. Date Incorporated or Qualified <b>March 18, 1996</b>	3a. Date of Last Report <b>No Report</b>	4. FEI Number <b>65-0654425</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>Robert J. Leshe'</b> <b>400 Beach Rd.</b> <b>Suite 103</b> <b>Vero Beach FL 32963</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 Robert J. Leshe' Director DATE 6/02/97  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President, Treasurer, Director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Huffman</b>	1.2 NAME	
STREET ADDRESS	<b>10 South Brentwood</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Louis, MO. 63105</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice-President, Director</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donald Huffman</b>	2.2 NAME	
STREET ADDRESS	<b>10 South Brentwood</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Louis, MO. 63105</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert J. Leshe'</b>	3.2 NAME	
STREET ADDRESS	<b>400 Beach Rd., S-103</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Vero Beach, FL. 32963</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>4000002212294</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-06/16/97--01005--018</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***173.75</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 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 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Robert J. Leshe' Director DATE 6/02/97 (561)231-4200  
(Signature typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)