

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

**FILED**  
**Jun 11 1997 8:00am**  
**Secretary of State**

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

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 <b>21 400 Beach Rd.</b> Suite, Apt. #, etc. <b>22 Suite 103</b> City & State <b>23 Vero Beach</b> Zip <b>24 32963</b>	2a. Mailing Address <b>26 400 Beach Rd.</b> Suite, Apt. #, etc. <b>27 Suite 103</b> City & State <b>28 Vero Beach</b> Zip <b>29 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
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			

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	
				85 Zip Code	

I, the undersigned, being familiar with and accepting the obligations of, Section 607.0505, Florida Statutes, hereby certify that 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.

SIGNATURE: **Robert J. Leshe'** Director DATE: **6/02/97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President, Treasurer, Director	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert Huffman		1.2 NAME		
STREET ADDRESS	10 South Brentwood		1.3 STREET ADDRESS		
CITY-ST-ZIP	St. Louis, MO. 63105		1.4 CITY-ST-ZIP		
TITLE	Vice-President, Director	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Donald Huffman		2.2 NAME		
STREET ADDRESS	10 South Brentwood		2.3 STREET ADDRESS		
CITY-ST-ZIP	St. Louis, MO. 63105		2.4 CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert J. Leshe'		3.2 NAME		
STREET ADDRESS	400 Beach Rd., S-103		3.3 STREET ADDRESS		
CITY-ST-ZIP	Vero Beach, FL. 32963		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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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**

CFR2E034 (9/96)