

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 AM 4:03

DOCUMENT # S80637 (9)

1. Corporation Name
NORSEMAN MARINE USA, INC.

Principal Place of Business: **516 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33312**
 Mailing Address: **516 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
516 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33312		516 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33312		09/12/1991	06/04/1994
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number	Applied For / Not Applicable
				65-0391395	
25. Zip	26. Country	27. Suite, Apt. #, etc.	28. City & State	5. Certificate of Status Desired	\$6.75 Additional Fee Required
				<input type="checkbox"/>	
29. Zip	30. Country	31. Suite, Apt. #, etc.	32. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
33. Zip	34. Country	35. Suite, Apt. #, etc.	36. City & State	6. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MISON, WALTER 516 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33312		B1. Name			
		B2. Street Address (P.O. Box Number is Not Acceptable)			
		B3.			
		B4. City	FL	B5. Zip Code	

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISON, WALTER	1.2 NAME	
STREET ADDRESS	2140 S.W. 23RD TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Walter Ivison, Pres 8/4/95 305-467-1407
 (Date) (Anytime 1995)

CR2E034 (3/95)