

FILE NOW: FILING FEE AFTER MAY 1 IS \$500

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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**

3. Date Incorporated or Qualified <b>09/12/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0391395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**IMSON, WALTER  
516 WEST LAS OLAS BLVD.  
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

1 Name	
2 Street Address (P.O. Box Number is Not Acceptable)	
3	
4 City	<b>FL 85</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>IMSON, WALTER</b>	
STREET ADDRESS <b>2140 S.W. 23RD TERRACE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**400002186224**  
**-05/21/97--01022--022**  
**\*\*\*550.00**  
*CS 5/19/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)