

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. May
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**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
09/12/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0391395

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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
5 FL 85 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

ve-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS

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

1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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5/9/97

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

omption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rate and that my signature shall have the same legal effect as if made under oath; that I file this report as required by Chapter 607, Florida Statutes; and that my name

Date
Daytime Phone #

CR2E034 (9/96)