

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:20

DOCUMENT # 735956 (5)
1. Corporation Name
MARINE SCIENCES UNDER SAILS, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6840 FORREST ST. 6840 FORREST ST.
P. O. BOX 3994 P. O. BOX 3994
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

3. Date Incorporated or Qualified **05/28/1976** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-1740095** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **6840 FORREST ST.** 26 **P.O. Box 3994**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 _____ 27 _____
City & State City & State
23 **HOLLYWOOD, FL** 28 **HOLLYWOOD, FL**
Zip Country Zip Country
24 **33024** 25 **BROWARD** 29 **33023** 30 **BROWARD**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEBSTER, EDWARD J.
6840 FORREST STREET
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	SMITH, FRANCIA B.	1.2 NAME	
STREET ADDRESS	3767 POMPANO DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, ROBERT	2.2 NAME	
STREET ADDRESS	620 S W 14TH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, EDWARD J	3.2 NAME	
STREET ADDRESS	6840 FORREST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIALS, ALISON C.	4.2 NAME	
STREET ADDRESS	10811 S.W. 51ST COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAATEN, CONRAD A	5.2 NAME	
STREET ADDRESS	10319 EAST PORT COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, NANCY	6.2 NAME	
STREET ADDRESS	69 BURNET ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MAPLEWOOD, NY.	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 118.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward J. Webster **EDWARD J. WEBSTER** 2/7/95 305-983-7015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR