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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
6840 FORREST ST. PO BOX 3994
P. O. BOX 3994 P. O. BOX 3994
HOLLYWOOD FL 33024 HOLLYWOOD FL 33083-3994
US US

3. Date Incorporated or Qualified 05/28/1976
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1740095
21 Suite, Apt #, etc. 26 P.O. BOX 54824 Applied For Not Applicable
22 City & State 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 ST. PETERSBURG, FL 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip Country 29 33739 30 PINELLAS 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WEBSTER, EDWARD J. 81 Name
6840 FORREST STREET 82 Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33024 83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, PATRICK J	6.2 NAME	
STREET ADDRESS	12646NW FORT ISLAND TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	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 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 MARCH 11, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Phone # 0026316

CR2E037 (9/96)