

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735956 (5)**  
1. Corporation Name  
**MARINE SCIENCES UNDER SAILS, INCORPORATED**



Principal Place of Business <b>6840 FORREST ST. P. O. BOX 3994 HOLLYWOOD FL 33024 US</b>	Mailing Address <b>P.O. BOX 54824 ST PETERSBURG FL 33739 US</b>
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3. Date Incorporated or Qualified <b>05/28/1976</b>		
4. FEI Number <b>59-1740095</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 <b>4055 SUNRISE DRIVE, S</b> Suite, Apt. #, etc. 22 City & State 23 <b>ST. PETERSBURG, FL</b> Zip 24 <b>33705</b> Country 25 <b>U.S.</b>	2a. Mailing Address 26 <b>P.O. BOX 2195</b> Suite, Apt. #, etc. 27 City & State 28 <b>ST. PETERSBURG, FL</b> Zip 29 <b>33731-2195</b> Country 30 <b>U.S.</b>
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEBSTER, EDWARD J. 6840 FORREST STREET HOLLYWOOD FL 33024</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4055 SUNRISE DRIVE, S</b> 83 84 City <b>ST. PETERSBURG</b> FL 85 Zip Code <b>33705</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, FRANCIA B. 3767 POMPANO DRIVE ST. PETERSBURG FL 33705</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LYNCH, ROBERT 620 S W 14TH COURT FT LAUDERDALE FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WEBSTER, EDWARD J 6840 FORREST STREET HOLLYWOOD FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RIALS, ALISON C. 10811 S.W. 51ST COURT FT. LAUDERDALE FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRAATEN, CONRAD A 10319 EAST PORT COURT BOCA RATON FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PURCELL, PATRICK J 12648NW FORT ISLAND TRAIL CRYSTAL RIVER FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 2/2/98 813-892-2414

CR2E037 (10/97)