

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
**6840 FORREST ST.
P. O. BOX 3994
HOLLYWOOD FL 33024
US**

Mailing Address
**PO BOX 3994
P. O. BOX 3994
HOLLYWOOD FL 33023
US**

3. Date Incorporated or Qualified
05/28/1976

3a. Date of Last Report
02/09/1995

4. FEI Number
59-1740095

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

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

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

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

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

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, FRANCIA B.	
STREET ADDRESS	3767 POMPANO DRIVE	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, ROBERT	
STREET ADDRESS	620 S W 14TH COURT	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEBSTER, EDWARD J	
STREET ADDRESS	6840 FORREST STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIALS, ALISON C.	
STREET ADDRESS	10811 S.W. 51ST COURT	
CITY - ST - ZIP	FT.LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAATEN, CONRAD A	
STREET ADDRESS	10319 EAST PORT COURT	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, NANCY	
STREET ADDRESS	69 BURNET ST.	
CITY - ST - ZIP	MAPLEWOOD, NY.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D PATRICK J. PURCELL
6.3 STREET ADDRESS	12646 W. FORT ISLAND TRAIL
6.4 CITY - ST - ZIP	CRYSTAL RIVER, FL 34429

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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 1996
Date

305-983-7015
305-981-5819
Daytime Phone #

CR2E037 (12/95)