

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sherida B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058010 (6)

1. Corporation Name

NO STRESS MOTORYACHT CHARTERS, INC.



Principal Place of Business

4400 MARSH LANDING BLVD., STE. 8000
PONTE VEDRA BEACH FL 32082

Mailing Address

4400 MARSH LANDING BLVD., STE. 8000
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

DUSS, JOHN S IV
200 WEST FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

Signature of Registered Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HOWE, DEBORAH M	
STREET ADDRESS	4400 MARSH LANDING BLVD., STE. 8000	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	☐ DELETE
NAME	HOWE, REX R	
STREET ADDRESS	4400 MARSH LANDING BLVD., STE. 8000	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	☐ DELETE
NAME	MASSANISO, PETER A	
STREET ADDRESS	4400 MARSH LANDING BLVD., STE. 8000	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	☐ DELETE
NAME	DUSS, JOHN S IV	
STREET ADDRESS	200 WEST FORSYTH STREET, SUITE 1600	
CITY-STATE-ZIP	JACKSONVILLE FL 32202	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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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 hereby 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 a receiver or trustee or person in possession or control of the corporation, or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changing, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

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