


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S71742</b> (8)			
1. Corporation Name <b>DECKHAND MANUAL, INC.</b>			
Principal Place of Business P.O. BOX 822 DESTIN FL 32540		Mailing Address P.O. BOX 822 DESTIN FL 32540-0822	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1991		3a. Date of Last Report 03/20/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FASSLER, WILLIAM 202 KEL-WEN CIRCLE DESTIN FL 32541				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D FASSLER, WILLIAM F.	202 KEL-WEN CIRCLE	DESTIN FL	11 TITLE	Change Addition
	PD FASSLER, JOAN I.	202 KEL-WEN CIRCLE	DESTIN FL	12 NAME	Change Addition
				13 STREET ADDRESS	Change Addition
				14 CITY - ST - ZIP	Change Addition
				21 TITLE	Change Addition
				22 NAME	Change Addition
				23 STREET ADDRESS	Change Addition
				24 CITY - ST - ZIP	Change Addition
				31 TITLE	Change Addition
				32 NAME	Change Addition
				33 STREET ADDRESS	Change Addition
				34 CITY - ST - ZIP	Change Addition
				41 TITLE	Change Addition
				42 NAME	Change Addition
				43 STREET ADDRESS	Change Addition
				44 CITY - ST - ZIP	Change Addition
				51 TITLE	Change Addition
				52 NAME	Change Addition
				53 STREET ADDRESS	Change Addition
				54 CITY - ST - ZIP	Change Addition
				61 TITLE	Change Addition
				62 NAME	Change Addition
				63 STREET ADDRESS	Change Addition
				64 CITY - ST - ZIP	Change Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Fessler* 1/21/97 904-837-7178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)