FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706837 (2)

1. Corporation Name
SOUTH FLORIDA SCIENCE MUSEUM, INC.

Principal Place of Business	Mailing Address
4801 DREHER TRAIL NORTH WEST PALM BEACH FL 33405	4801 DREHER TRAIL NORTH WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1964
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0915177 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LLOYD, ROBERT
709 W ROYAL PALM ROAD
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Gerald LeBoff
82 Street Address (P.O. Box Number is Not Acceptable): 3038 Miro Drive N.
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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: Gerald LeBoff — April 18, 1995
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	PT	1.1 TITLE	CTr	☑ Change ☐ Addition
NAME	LLOYD, ROBERT	1.2 NAME	Gerald LeBoff	
STREET ADDRESS	709 W ROYAL PALM RD	1.3 STREET ADDRESS	3038 Miro Drive N.	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	T	2.1 TITLE	VTr	☑ Change ☐ Addition
NAME	AYALA, RICARDO	2.2 NAME	Leo Wurtzel	
STREET ADDRESS	7885 ST ANDREWS RAD	2.3 STREET ADDRESS	3300 S. Ocean Blvd., Apt 102 S	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VT	3.1 TITLE	VTr	☑ Change ☐ Addition
NAME	LEBOFF, GERALD	3.2 NAME	Charles Feasel	
STREET ADDRESS	3038 MIRO DR N	3.3 STREET ADDRESS	2820 Farragut Lane	
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		4.1 TITLE	STr	☐ Change ☑ Addition
NAME		4.2 NAME	Paul McGinnes	
STREET ADDRESS		4.3 STREET ADDRESS	1005 Bedford Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33403	
TITLE		5.1 TITLE	TTr	☐ Change ☐ Addition
NAME		5.2 NAME	Ricardo Ayala	
STREET ADDRESS		5.3 STREET ADDRESS	9777 Saddle Ct.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Gerald LeBoff — 4.18.95 — (407) 832-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047887