

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 334054801 DREHER TRAIL NORTH  
WEST PALM BEACH FL 33405-3017

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBOFF, GERALD  
3038 MIRO DRIVE N.  
PALM BEACH GARDEN FL 3341081 Name William Jenner  
82 Street Address (P.O. Box Number is Not Acceptable)  
8292 Bob-O-Link Drive  
83  
84 City West Palm Beach FL 85 Zip Code 33412

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

4-24-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | CTR                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | LEBOFF, GERALD                |                                            |
| STREET ADDRESS | 3038 MIRO DRIVE N.            |                                            |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL         |                                            |
| TITLE          | VTR                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | WURTZEL, LEO                  |                                            |
| STREET ADDRESS | 3300 S. OCEAN BLVD., APT 102S |                                            |
| CITY-ST-ZIP    | PALM BEACH FL                 |                                            |
| TITLE          | VTR                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | FEASEL, CHARLES               |                                            |
| STREET ADDRESS | 2820 FARRAGUT LANE            |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL            |                                            |
| TITLE          | STR                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCGINNES, PAUL                |                                            |
| STREET ADDRESS | 1005 BEDFORD AVE.             |                                            |
| CITY-ST-ZIP    | PALM BEACH GARDEN FL          |                                            |
| TITLE          | TTR                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | AYALA, RICARDO                |                                            |
| STREET ADDRESS | 977 SADDLE CT.                |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL                 |                                            |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |                                            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | C/D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | William Jenner            |                                                                              |
| 1.3 STREET ADDRESS | 8292 Bob-O-Link Drive     |                                                                              |
| 1.4 CITY-ST-ZIP    | West Palm Beach, FL 33412 |                                                                              |
| 2.1 TITLE          | V/D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Steven Rosenberg          |                                                                              |
| 2.3 STREET ADDRESS | 288 Queens Lane           |                                                                              |
| 2.4 CITY-ST-ZIP    | Palm Beach, FL 33480      |                                                                              |
| 3.1 TITLE          | S/D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Nancy Myers               |                                                                              |
| 3.3 STREET ADDRESS | 230 Murray Road           |                                                                              |
| 3.4 CITY-ST-ZIP    | West Palm Beach, FL 33405 |                                                                              |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                           |                                                                              |
| 6.3 STREET ADDRESS |                           |                                                                              |
| 6.4 CITY-ST-ZIP    |                           |                                                                              |

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

Daytime Phone # 0040130

CR2E037 (9/96)