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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA 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 33405	4801 DREHER TRAIL NORTH WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: 02/17/1964

4. FEI Number: 59-0915177 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JENNER, WILLIAM
8292 BOB-O-LINK DR
WEST PALM BEACH FL 33412

10. Name and Address of New Registered Agent

81 Name: Steven Rosenberg, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 470 Columbia Drive, Ste 102A
83
84 City: West Palm Beach FL 85 Zip Code: 33409

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] 4-23-98
Signature of new registered agent, and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JENNER, WILLIAM		1.2 NAME		
STREET ADDRESS	8292 BOB O LINK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WPB FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	ROSENBERG, STEVEN		2.2 NAME	Rosenberg, Steven	
STREET ADDRESS	288 QUEENS LANE		2.3 STREET ADDRESS	470 Columbia Drive, Ste 102A	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, NANCY		3.2 NAME		
STREET ADDRESS	230 MURRAY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WPB FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	V/D	☐ Change ☒ Addition
NAME			4.2 NAME	Rick Anderson	
STREET ADDRESS			4.3 STREET ADDRESS	11382 Prosperity Farms Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME			5.2 NAME	Bernard Cherry	
STREET ADDRESS			5.3 STREET ADDRESS	1601 Forum Place	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		☐ DELETE	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME			6.2 NAME	Bruce Jorth	
STREET ADDRESS			6.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd Ste 1400	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

CR2E037 (10/97)

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] STEVEN ROSENBERG 4-23-98 (561) 640-4400