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NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746729

729 (3)

THE CHILDREN'S MUSEUM, INC.

1407420

FILED

May 15 1997 8:00am

Secretary of State

| Principal Place of Business Mailing Address 498 CRAWFORD BLVD. 498 CRAWFORD BLVD. | | | | | | | |
|--|--|-----------------------------------|------------------------|----------------|--|------------------------------------|--|
| BOCA RATON I | | BOCA RATON FL 33432-375 | 2 | | | | |
| | | | | | 3. Date Incorporated or Qualified 04/12/1979 05/01/1996 | ort | |
| | | 2a. Mailing Address 26 | | | EO-CCEOO1D | 6652019 Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Count | ry | 8. This corporation has liability for intangible tax under s. 19 | 9.032, | |
| 24 | 25 9. Name and Address of Curren | | 30 | | Florida Statutes X Yes No 10. Name and Address of New Registered Agent | ···· | |
| | 5. Hallo and realises of Carlett | r regional Agent | 8 | 1 Name | 10. Items and Adultes of Trott Hegistate Agent | ···· | |
| OSBORN | NE, R. BRADY, JR. | | a | 2 Street d | Address (P.O. Box Number is Not Acceptable) | ~ | |
| % OSBORNE, HANKINS, MACLAREN & REDGRAVE 998 S. FEDERAL HIGHWAY BOCA RATON FL 33432 | | | | | nadises (1.0. box natioal is not neceptable) | | |
| | | | 8 | 3 | | | |
| DUUA K | MIUN FL 33432 | | B | 4 City | FL 85 Zip Cod | de | |
| 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statutes | s, the abo | ve-named | corporation submits this statement for the purpose of changing its re- oration's board of directors. I hereby accept the appointment as re- | egistered | |
| agent. I a | egistered agent, or both, in the state m familiar with, and accept the obliga | ations of, Section 617.0503, Flor | ida Statut | es. | with the position of displaces is the party accept the appointment as ref | giatoi O U | |
| SIGNATURE | Signature typed or printed name of registered age | ot and title if applicable (NOTE: | Registered A | oeni sinnalure | required when reinstating) DATE | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I | N 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | PD Change | Addition | |
| NAME | MORTIMER, WALTER F | | 1.2 NAM | 1 | Hartman, Bill | | |
| STREET ADDRESS | 2910 NE 39TH COURT LIGHTHOUSE POINT FL | | | ET ADDRESS | 5644 Priscilla Lane | | |
| CITY-\$1-ZIP | VD | DELETE | 1.4 CITY 2.1 TITLE | | Lake Worth, FL 33486 Y Change | Addition | |
| NAME | MASTROTOTARO, MARGARE | - | 2.2 NAM | 1 | VD | | |
| STREET ADDRESS | ONE FINANCIAL PLAZA, 14TH | | 1 | ET ADDRESS | Lilly, Emily | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 2.4 CITY | -ST-ZIP | 201 W Palmetto Park Rd | | |
| TITLE | SD | DELETE | 3.1 TITLE | | | Addition | |
| NAME | HOWARD, JULITA | | 3.2 NAM | | SD Ross, Sister Elizabeth | | |
| STREET ADDRESS | 7601 N. FEDERAL HWY. | | 1 | ET ADDRESS | 125 Hidden Valley Rd 11 | | |
| C(TY-ST-ZIP TITLE | BOCA RATON FL TD | DELETE | 3.4. CITY 4.1 TITLE | -ST-ZIP | | Addition | |
| NAME | MALONE, RICHARD | | 4.1 OILE | | TD | | |
| STREET ADORESS | 333 SW 12 AVENUE | | | ET ADDRESS | Neuman, Tom | | |
| CITY-ST-ZIP | DEERFIELD BCH FL | | 4.4 CITY | | 7601 N. Federal Hwy | | |
| TITLE | ED | DELETE | 5.1 TITLE | | Boca Raton, F1 33487 Change | Addition | |
| NAME | MERCIER, POPPI | | 5.2 NAM | E | • | | |
| STREET ADDRESS | 30 SW 5TH AVENUE | | 5.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | T ACCES | 5.4 CITY | | 1 00 | Addition | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 6.2 NAM | | | | |
| STREET ADDRESS | | | 6.3 STAE | ET ADDRESS | | | |

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 12 if changed, or on an attachment with an address.

SIGNATURE:

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4/27/91 561-368-6879