FILED FILE NOW: FILING FEE IS \$61.25 May 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)THE CHILDREN'S MUSEUM, INC. Principal Place of Business Mailing Address 498 CRAWFORD BLVD. 498 CRAWFORD BLVD. 3. Date Incorporated or Qualified **BOCA RATON FL 33432** BOCA RATON FL 33432 04/12/1979 4. FEI Numbe Applied For 59-6652019 Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners gesociation? 28 Zip Country 8. This corporation owes or has paid the current year intangible Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OSBORNE, R. BRADY, JR. Street Address (P.O. Box Number is Not Acceptable) % OSBORNE, HANKINS, MACLAREN & REDGRAVE 83 998 S. FEDERAL HIGHWAY **BOCA RATON FL 33432** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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. Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME HARTMAN, BILL 1.2 NAME **5644 PRISCILLA LN** STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE Newman, Tom 7601 N Federal Hwy NAME LILLY, EMILY 2.2 NAME 201 YE PALMETTO PARK RD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** Boca Radon, FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ROSS, SISTER ELIZABE 3.2 NAME NAME 125 HIDDEN VALLEY RD 11 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE ☐ Addition TITLE 4.1 TITLE Anderson, Blair 413 Buttonwood PL NEUMAN_TOM 4 2 NAME NAME 7601-N FEDERAL HWY 4.3 STREET ADDRESS STREET ADDRESS Boroa Ration FL **BOCA RATON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition MERCIER, POPPI 5.2 NAME 30 SW 5TH AVENUE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 5.4 CITY-ST-ZIP Change Addition

6.4 CITY - ST - ZIP 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.

di PQUIRED

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

501-368-6875