


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750600** (9)

1. Corporation Name

FRIENDS OF THE BASS MUSEUM, INC.



Principal Place of Business 2121 PARK AVENUE MIAMI BEACH FL 33139	Mailing Address 2121 PARK AVENUE MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 01/14/1980	
4. FEI Number 59-2017511	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMBER, DIANE 2121 PARK AVENUE MIAMI BEACH, FL 33139	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUGHTON, PETER	
STREET ADDRESS	23 STAR ISLAND	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOUGHTON, PETER	
STREET ADDRESS	23 STAR ISLAND	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MC GEE III, WILLIAM	
STREET ADDRESS	700 BRICKELL AVE 3RD FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, LYDIA	
STREET ADDRESS	109 4TH TERR-RIVO ALTO ISLE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	CAMBER, DIANE	
STREET ADDRESS	2121 PARK AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HECHT, FLORENCE	
STREET ADDRESS	THREE GROVE ISLE #1401	
CITY-ST-ZIP	COCONUT GROVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	100 SE 2 street Suite 2300	
1.4 CITY-ST-ZIP	Miami FL 33131-1101	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Bell Richard	
2.3 STREET ADDRESS	2324 Bay Ave	
2.4 CITY-ST-ZIP	Miami Beach FL 33140	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jose Valdes - Fayli	
3.3 STREET ADDRESS	1201 Brickell Ave	
3.4 CITY-ST-ZIP	Miami FL 33131	
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 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]*

CR2E037 (10/97)