| FIL | E N | IOW: | FILING | FEE IS | \$61.25 |
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

appears in Block 12 or Block

DOCUMENT #

N48644

(1)

TUAL FIRESTONE ANTHROPOLOGICAL RESEARCH FOUNDATI ON, INC.

Mailing Address % HUGHES & SILVERS, GLASMAN % HUGHES & SILVERS. GLASMAN 1140 KANE CONCOURSE 5TH FLOOR 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOUR ISLANDS FL 33154 BAY HARBOUR ISLANDS FL 33154 3. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1992 07/25/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0330331 Not Applicable Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 25 30 ☐ Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVERS, ROBERT H Street Address (P.O. Box Number is Not Acceptable) C/O HUGHES & SILVERS, GLASSMAN 83 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOR ISLAND FL 33154 84 City Zip Code 85 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. Thereby 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE Change NAME FIRESTONE, ANNY TUAL 1.2 NAME % 1140 KANE CONCOURSE CR 5TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP BAY HRBR ISLANDS FL 33154 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME FIRESTONE, MELVILLE 2.2 NAME STREET ADDRESS % 1140 KANE CONCOURSE DE 5TH FLOOR 2.3 STREET ADDRESS CITY-ST-ZIP BAY HRBR ISLANDS FL 33154 2 4 CITY - ST - 2IP TITLE DELETE DV 3) TITLE Change Addition NAME SILVERS, ROBERT 3.2 NAME STREET ADDRESS % 1140 KANE CONCOURSE Dr. 5TH FLOOR 3.3 STREET ADDRESS BAY HRBR ISLANDS FL 33154 CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TILLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 64 CITY - ST - ZIP

3|30|96 MEL FIRESTONE 305-8647531 SIGNATURE:

on an attachnicht with an address.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 composition or the received representation or the received to execute this report as required by Chapter 617, Florida Statutes; and that my name annual report as required by Chapter 617, Florida Statutes; and that my name

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/95)CR2E037