

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Jun 19 1996 8:00 am
 Secretary of State

DOCUMENT # 700186 (0)
 1. Corporation Name

GRAVES MUSEUM OF ARCHAEOLOGY & NATURAL HISTORY, INC.



Principal Place of Business Mailing Address
 481 S. FEDERAL HWY. DANIA FL 33004 481 S. FEDERAL HWY. DANIA FL 33004

3. Date Incorporated or Qualified 11/21/1959 3a. Date of Last Report 03/29/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 23-7101113 Applied For Not Applicable

21 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

22 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23 Zip Country 29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent
 GRAVES, GYPSY C.
 481 S. FEDERAL HWY.
 DANIA FL 33004

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 *Gypsy C. Graves* GYPSY C. GRAVES 6/12/96 DATE
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KENNY, MATT	
STREET ADDRESS	1728 S.E. 10TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUSHIN, EMILY	
STREET ADDRESS	2636 BARBARA DRIVE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RUSHIN, EMILY	
STREET ADDRESS	2636 BARBARA DR	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNY, MATT	
STREET ADDRESS	1728 SW 10 ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CONNOR, SUZANNE	
STREET ADDRESS	3777 NW 78TH AVE.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUGAR, MARTIN	
STREET ADDRESS	3850 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT D. JOHNSTON	
1.3 STREET ADDRESS	3650 NE 12 AVE	
1.4 CITY - ST - ZIP	OAKLAND PARK, FL, 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE J FEAY	
2.3 STREET ADDRESS	2333 BRICKELL AVE # 2002	
2.4 CITY - ST - ZIP	MIAMI FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EMILY W. RUSHIN	
3.3 STREET ADDRESS	2636 BARBARA DR	
3.4 CITY - ST - ZIP	FT LAUDERDALE FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Emily W. Rushin* EMILY RUSHIN 6/15/96 (954) 925.7710 DATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0006231

CR2E037 (3/96)