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Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33004-4160



3. Date Incorporated or Qualified 11/21/1959 3a. Date of Last Report 06/19/1996
4. FEI Number 23-7101113 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBERT KELLY
481 S. FEDERAL HWY.
DANIA FL 33004
Signature: *Robert Kelly*

10. Name and Address of New Registered Agent
81 Name Robert Kelly
82 Street Address (P.O. Box Number is Not Acceptable) 481 S. Federal Hwy.
83
84 City Dania FL 33004 FL 85 Zip Code 33004

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: ROBERT P. KELLEY, ADMINISTRATIVE DIRECTOR 8/5/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHNSTON, ROBERT D 3850 NE 12 AVE OAKLAND PARK FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT F P JOHNSTON, ROBERT D. 1620 NE 30 PL. Oakland Park FL 33334
TITLE	D FERY, GEORGE J 2333 BRICKELL AVE #2002 MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT V ABRAHAM S. FISCHER 3301 College Ave Davie, FL 33314
TITLE	STD RUSHIN, EMILY W 2636 BARBARA DR FT LAUDERDALE FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY - UST RUSHIN, EMILY W. 2636 Barbara Dr. Ft. Lauderdale, FL
TITLE	D KENNY, MATT 1706 SW 10 ST FT LAUDERDALE FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER - UST KENNETH BIERMAN 40 NORTHERN TRUST BANK 1100 E. LAS OLAS FT. LAUDERDALE, FL
TITLE	D SHUGAR, MARTIN 3850 HOLLYWOOD BLVD. HOLLYWOOD FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	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 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: ROBERT D. JOHNSTON
904 568-6000

CR2E037 (9/96)