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**Feb 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701164 (6)

1. Corporation Name
MUSEUM OF SCIENCE, INC.



Principal Place of Business 3280 S. MIAMI AVE. MIAMI FL 33129	Mailing Address 3280 S. MIAMI AVE. MIAMI FL 33129-2832
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/06/1960	3a. Date of Last Report 02/06/1996
4. FEI Number 59-0854960	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEINTRAUB, ALBERT
2250 S.W. 3RD AVENUE
MIAMI FL 33129**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, CLARK J	
STREET ADDRESS	620 GONDOLIER	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANN, JOHN M	
STREET ADDRESS	3900 GALT OCEAN MILE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANCK, DORIS M	
STREET ADDRESS	7830 SW 52 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOURAIGE, CHISLAIN J	
STREET ADDRESS	11540 SW 128 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCCAMMON, ROBERT H	
STREET ADDRESS	7050 SW 66 AVE	
CITY-ST-ZIP	SOUTH MIAMI F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert H McCammon	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	7050 S.W. 66 Ave.	
1.4 CITY-ST-ZIP	South Miami FL 33143	
2.1 TITLE	Treasurer/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph L Falk	
2.3 STREET ADDRESS	1770 Micanopy Ave	
2.4 CITY-ST-ZIP	Coconut Grove FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice Pres/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert J. Brookes	
4.3 STREET ADDRESS	4191 Battersea Road	
4.4 CITY-ST-ZIP	Coral Gables FL 33133	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	(Delete)	
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 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 H McCammon* **REQUIRED** President 1-14-97 305-854-4247
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 002860

CR2E037 (9/96)