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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 701164

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**



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 07/06/1960 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-0854960 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing <input type="checkbox"/> | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> | |
| 25 | | 30 | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WEINTRAUB, ALBERT 2250 S.W. 3RD AVENUE MIAMI FL 33129 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | VPD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALK, JOSEPH L | 1.2 NAME | |
| STREET ADDRESS | 17 70 MICANOPY AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANCK, DORIS M | 2.2 NAME | |
| STREET ADDRESS | 7830 SW 52 COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTO, JOSE F. | 3.2 NAME | |
| STREET ADDRESS | 20340 N.E. 10TH COURT ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCAMMON, ROBERT H | 4.2 NAME | |
| STREET ADDRESS | 6471 SUNSET DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTH MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKES, ROBERT L | 5.2 NAME | |
| STREET ADDRESS | 4191 BATTERSEA RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

*President
 Russell Etling
 3780 S. Miami Ave
 Miami, FL 33129*

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, with all other like empowered.

SIGNATURE: *S. M. ...* DATE: 2/25/99 (305) 854-0518

CR2E037 (11/98)