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NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

(2)

BOCA RATON MUSEUM OF AHT, INC.  Principal Place of Business Mailing Address								
rincipal Place of Busine	ess	Mailing Address						
801 WEST PALMETTO		801 WEST PALMETTO						
BOCA RATON FL 3348	86-3563	BOCA RATON FL 3348	0-3303		3. Date Incorporated or Qualified 07/05/1973		e of Last F <b>)6/08/19</b>	
. Principal Place of Bu	ısiness	2a. Mailing Address			4. FEI Number		A	pplied For
Thiopartias of Se		26			59-6019851			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	···		5. Certificate of Status Desired		Fee R	Additional lequired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for	intangible ta Yes	x under s.	199.032,
	25	29	30		Florida Statutes  10. Name and Address of New			
9. Na	ame and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New	noglotorou ,	· <b>3</b> ····	
			ļ					
BOLGE, GEROC			82	Street Add	dress (P.O. Box Number is Not Accepta	me)		
5220 NW 55TH			83	1				
BLDG 2 APT 30			84	ļ. <u>.</u>			les Zin	Code
COCONUT CREEK FL 33073				City		FL 85 Zip Code		COOC
IGNATURE	accept the obligations of. Sect					DATE		
Signature,	typed or printed name of registered agent			ent signature reiju	ired when reinstating)		DIRECTO	BS IN 12
Signature,		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND		
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