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Mar 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

DOCUMENT # 728553 (9)
1. Corporation Name
THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA, INC.



Principal Place of Business Mailing Address
5740 SW 64 AVE. SOUTH MIAMI FL 33143 5740 SW 64 AVE. SOUTH MIAMI FL 33143-2040

3. Date Incorporated or Qualified 12/26/1973 3a. Date of Last Report 05/01/1996
4. FEI Number 59-2349286 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 2495 N.W. 35th Ave. 27 17521 S.W. 89th Ave.
23 MIAMI, FL. 28 MIAMI, FL.
24 33142 25 U.S.A. 29 33157 30 U.S.A.

9. Name and Address of Current Registered Agent
CARRUTHERS, JOHN
5740 SW 64 AVE.
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name BRIAN CONESA
82 Street Address (P.O. Box Number is Not Acceptable)
83 17521 S.W. 89th Ave.
84 City MIAMI, FL 85 Zip Code 33157

11. Pursuant to the provisions of Sections 617.0602 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 Brian Conesa / BRIAN CONESA (NOTE: Registered Agent signature required when reinstating) DATE MARCH 11, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TANSEY, BARBARA	1.2 NAME	
STREET ADDRESS	1021 S BISCAYNE RIVER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33169
TITLE	VD	2.1 TITLE	
NAME	LORD, JIM	2.2 NAME	
STREET ADDRESS	2800 SW 104 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	CARRUTHERS, JOHN	3.2 NAME	BRIAN CONESA
STREET ADDRESS	5740 SW 64 AVE.	3.3 STREET ADDRESS	17521 S.W. 89 Ave.
CITY-ST-ZIP	SOUTH MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL. 33157
TITLE	D	4.1 TITLE	
NAME	LEFKOW, SETH	4.2 NAME	
STREET ADDRESS	9700 W BAY HARBOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL FL	4.4 CITY-ST-ZIP	33154
TITLE	D	5.1 TITLE	
NAME	CARR, ROBERT S.	5.2 NAME	
STREET ADDRESS	2932 MYRTLE OAK CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	33320
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)