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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
2495 NW 35TH AVE MIAMI FL 33142 US	17521 SW 89TH AVE MIAMI FL 33157 US

3. Date Incorporated or Qualified: 12/26/1973

4. FEI Number: 59-2349286 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21:

2a. Mailing Address
26: 2495 N.W. 35th Ave.

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27:

City & State
23:

City & State
28: Miami, FL.

Zip / Country
24: / 25:

Zip / Country
29: 33142 / 30: U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONESA, BRIAN
17521 SW 89TH AVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
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		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONESA, BRIAN		3.2 NAME		
STREET ADDRESS	17521 SW 89 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Brian Conesa Brian Conesa — April 13, 1998 — (305) 251-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031359