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04-19-1999 90039 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 728553

1. Corporation Name

THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA, INC.

Principal Place of Business	Mailing Address
2495 NW 35TH AVE MIAMI FL 33142 US	2495 NW 35TH AVE MIAMI FL 33142 US

349593 - 90039 - 19

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/26/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2349286 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Brian Conesa
82 Street Address (P.O. Box Number is Not Acceptable): 14600 S.W. 87 Court
83 City: Miami, FL. 84 FL 85 Zip Code: 33176

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: Brian Conesa (Brian Conesa) April 12, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TD	☒ Change ☐ Addition
NAME	CONESA, BRIAN		3.2 NAME	Conesa, Brian	
STREET ADDRESS	17521 SW 89 AVE		3.3 STREET ADDRESS	14600 SW 87 Court	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL. 33176	
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		

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: Brian Conesa (SIGNATURE REQUIRED) Brian Conesa — April 12, 1999 — (305) 251-8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)