

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 19 AM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729734 (4)
1. Corporation Name
PALM BEACH MARITIME MUSEUM, INC.

Principal Place of Business Mailing Address
P O DRAWER 2317 PALM BEACH FL 33480 **P O DRAWER 2317 PALM BEACH FL 33480**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1974** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1540474** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GRANT, (JOHN C.)
411 AUSTRALIAN AVE
PALM BEACH 33480**

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, (JOHN C.)	1.2 NAME	
STREET ADDRESS	411 AUSTRALIAN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, (OLGA M.)	2.2 NAME	
STREET ADDRESS	411 AUSTRALIAN AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, OLGA M.	3.2 NAME	
STREET ADDRESS	411 AUSTRALIAN AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMSEN, JOHN L.	4.2 NAME	
STREET ADDRESS	11960 LAKE SHORE PLACE	4.3 STREET ADDRESS	10273 Allamanda Blvd.
CITY - ST - ZIP	N. PALM BEACH FL	4.4 CITY - ST - ZIP	Palm Beach Gardens, FL
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUKIDRAG, GEORGE D	5.2 NAME	
STREET ADDRESS	2951 PRONE DRIVE	5.3 STREET ADDRESS	Remove name from list of
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	Officers & Directors
TITLE		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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: John C. Grant **JOHN C. GRANT** 9.13.95 407-659-0800
Date (Month/Day/Year) (Type in block 8)