


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 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 # 741214 (1) 1. Corporation Name PATRONS OF THE MUSEUM OF SCIENCE, INC.					
Principal Place of Business 6908 SW 81 STR MIAMI FL 33143 US			Mailing Address 6908 SW 81 STR MIAMI FL 33143 US		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/23/1977	
22 City & State		27 City & State		4. FEI Number 59-1802789 Applied For Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRENNER, CORA L 18499 SW 79 CT 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 85 Zip Code FL			
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 617.0903, Florida Statutes. SIGNATURE <u>Cora Lee Brenner, Pres.</u> DATE <u>Jan 13, 1998</u> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
PD LEVELL, MARIE 5990 SW 135 TERR MIAMI FL		PD Brenner, Cora Lee 18499 SW 79 Court Miami, FL 33157			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
VP ZEILLER, JUDITH 5016 SW 72 AVE MIAMI FL		VP Strano, Lorene 25450 SW 193 Ave. Homestead, FL 33031			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
SD JACOBS, BARBARA 6751 SW 125TH TERR MIAMI FL		SD Rotoianter, Betty 5345 SW 84 Street Miami, FL 33143			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
S MCCORMICK, MERLE 900 SAN PEDRO AVE CORAL GABLES FL		S Herald, Eileen 721 Biltmore Way #702 Coral Gables, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TD MURAD, BARBARA 530 TIBIDABO AVE CORAL GABLES FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: Cora Lee Brenner, Pres. DATE Jan 13 1998 (305) 255-0567

CR2E037 (10/97)