


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90062 048 \*\*\*\*61.25

0062910

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 741214**

1. Corporation Name

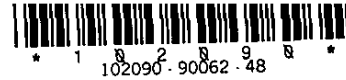
**PATRONS OF THE MUSEUM OF SCIENCE, INC.**

Principal Place of Business

6808 SW 81 STR  
 MIAMI FL 33143  
 US

Mailing Address

6808 SW 81 STR  
 MIAMI FL 33143  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/23/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1802789	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BRENNER, CORA LEE	1.2 NAME	Clarke, Patricia H.
STREET ADDRESS	18499 SW 79 CT	1.3 STREET ADDRESS	1001 Sunset Drive
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Coral Gables, Florida 331436
TITLE	VP	2.1 TITLE	VP
NAME	STRANO, LORENE	2.2 NAME	Wilkins, Karen
STREET ADDRESS	25450 SW 193 AVE	2.3 STREET ADDRESS	13645 Deering Bay Dr. No. 124
CITY-ST-ZIP	HOMESTEAD FL 33031	2.4 CITY-ST-ZIP	Coral Gables, Florida 33158
TITLE	SD	3.1 TITLE	SD
NAME	ROTOLANTE, BETTY	3.2 NAME	Trotter, Marita
STREET ADDRESS	5345 SW 84 ST	3.3 STREET ADDRESS	3503 Crystal View Ct.
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	Coconut Grove, Florida 33133
TITLE	S	4.1 TITLE	
NAME	HERALD, EILEEN	4.2 NAME	
STREET ADDRESS	721 BILTMORE WY #702	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TD
NAME	MURAD, BARBARA	5.2 NAME	Brenner, Cora Lee
STREET ADDRESS	530 TIBIDABO AVE	5.3 STREET ADDRESS	18499 SW 79 Court
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, Florida 33157
TITLE		6.1 TITLE	
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:** *Cora Lee Brenner* **SIGNATURE REQUIRED** Cora Lee Brenner, Treasurer 1/13/99 255-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)