

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746729** (3)  
1. Corporation Name  
**THE CHILDREN'S MUSEUM, INC.**



Principal Place of Business <b>498 CRAWFORD BLVD. BOCA RATON FL 33432</b>	Mailing Address <b>498 CRAWFORD BLVD. BOCA RATON FL 33432-3752</b>
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3. Date Incorporated or Qualified <b>04/12/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-6652019</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OSBORNE, R. BRADY, JR.  
% OSBORNE, HANKINS, MACLAREN & REDGRAVE  
998 S. FEDERAL HIGHWAY  
BOCA RATON FL 33432**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORTIMER, WALTER F	
STREET ADDRESS	2910 NE 39TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MASTROTOTARO, MARGARET	
STREET ADDRESS	ONE FINANCIAL PLAZA, 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOWARD, JULITA	
STREET ADDRESS	7601 N. FEDERAL HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MALONE, RICHARD	
STREET ADDRESS	333 SW 12 AVENUE	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MERCIER, POPPI	
STREET ADDRESS	30 SW 5TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hartman, Bill	
1.3 STREET ADDRESS	5644 Priscilla Lane	
1.4 CITY-ST-ZIP	Lake Worth, FL 33486	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lilly, Emily	
2.3 STREET ADDRESS	201 W Palmetto Park Rd	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ross, Sister Elizabeth	
3.3 STREET ADDRESS	125 Hidden Valley Rd	
3.4 CITY-ST-ZIP	11 Boca Raton, FL 33487	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Neuman, Tom	
4.3 STREET ADDRESS	7601 N. Federal Hwy	
4.4 CITY-ST-ZIP	Boca Raton, FL 33487	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Poppi Mercier* 4/27/97 541-368-6875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038966

CP2E037 (9/96)