

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 AM 12:25

DOCUMENT # 753489 (4)

1. Corporation Name
SALVADOR DALI MUSEUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1000 THIRD STREET SOUTH ST. PETERSBURG FL 33701		1000 THIRD STREET SOUTH ST. PETERSBURG FL 33701	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date incorporated or Qualified	3a. Date of Last Report
07/28/1980	03/29/1994
4. FEI Number	Applied For
59-2015192	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, JAMES W. SUITE C 201 SECOND AVENUE NORTH ST. PETERSBURG FL 33701				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, A. REYNOLDS	1.2 NAME	James, Thomas A.
STREET ADDRESS	1000 3RD ST. S	1.3 STREET ADDRESS	880 Carillon Parkway
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	P. O. Box 12749 St. Petersburg, FL 33701
TITLE	ATT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, ELEANOR R.	2.2 NAME	
STREET ADDRESS	1000 3RD ST. S	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	AST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEAU, T. MARSHALL	3.2 NAME	
STREET ADDRESS	1000 3RD ST. S	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES W	4.2 NAME	
STREET ADDRESS	201 2 AVE N, S-C	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	AST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EURE, MARGO C.	5.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	TT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, WILLIAM R.	6.2 NAME	
STREET ADDRESS	100 2ND AVE. STE. 800	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	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 119.07(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: T. Marshall Rousseau 3/10/95 813-843-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)