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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846723 (5)**

1. Corporation Name  
**THE SALVADOR DALI FOUNDATION, INC.**

Principal Place of Business <b>1000 3RD ST. S. ST. PETERSBURG FL 33701 US</b>	Mailing Address <b>1000 3RD STREET SOUTH ST. PETERSBURG FL 33701 US</b>
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3. Date Incorporated or Qualified <b>08/14/1980</b>		
4. FEI Number <b>34-6527073</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**MARTIN, JAMES W  
111 SECOND AVENUE N.E., #703  
ST. PETERSBURG FL 33701**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES W	
STREET ADDRESS	<del>101 SECOND ST., S.</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	MORSE, A. R	
STREET ADDRESS	1000 THIRD ST., S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	MORSE, BRAD G	
STREET ADDRESS	1000 THIRD ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	ROUSSEAU, T. M	
STREET ADDRESS	1000 THIRD ST., SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JAMES, THOMAS A	
STREET ADDRESS	C/O RAYMOND JAMES FINANCIAL, 880 CARILLON	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TTT	<input type="checkbox"/> DELETE
NAME	HOUGH, WILLIAM R	
STREET ADDRESS	100 SECOND AVE., S.	
CITY-ST-ZIP	ST PETERSBURG FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	111 Second Avenue NE #703
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SEE ATTACHMENT
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	400002433404--3
3.4 CITY-ST-ZIP	-02/17/98--01102--027
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	400002433404--3
4.4 CITY-ST-ZIP	-02/17/98--01102--028
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	*****70.00 *****70.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	*****1.00 *****1.00
6.4 CITY-ST-ZIP	

*AP 2/16/98*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ Secretary 2-11-98 (813) 821-0904

CP2E037 (10/97)

ATTACHMENT TO  
1998 NONPROFIT CORPORATION ANNUAL REPORT TO  
FLORIDA DEPARTMENT OF STATE

**THE SALVADOR DALI FOUNDATION, INC.**

Document #846723

**OFFICERS AND TRUSTEES**

As of February 11, 1998

Trustee and Chairman  
**A. REYNOLDS MORSE**  
1000 Third Street South  
St. Petersburg, FL 33701

Trustee and Assistant Treasurer  
**ELEANOR R. MORSE**  
1000 Third Street South  
St. Petersburg, FL 33701

Trustee and Vice President  
**BRAD G. MORSE**  
1000 Third Street South  
St. Petersburg, FL 33701

Trustee and President  
**THOMAS A. JAMES**  
1000 Third Street South  
St. Petersburg, FL 33701

Trustee and Secretary  
**JAMES W. MARTIN**  
111 Second Avenue N.E. #703  
St. Petersburg, FL 33701

Trustee and Treasurer  
**WILLIAM R. HOUGH**  
1000 Third Street South  
St. Petersburg, FL 33701

Trustee and Assistant Secretary  
**T. MARSHALL ROUSSEAU**  
1000 Third Street South  
St. Petersburg, FL 33701

Trustee and Assistant Secretary  
**MARGO C. EURE**  
1000 Third Street South  
St. Petersburg, FL 33701