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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 846723

1. Corporation Name

THE SALVADOR DALI FOUNDATION, INC.

Principal Place of Business

1000 3RD ST., S.
ST. PETERSBURG FL 33701
US

Mailing Address

1000 3RD STREET SOUTH
ST. PETERSBURG FL 33701
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/14/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		34-6527073	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TRC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORSE, A. REYNOLDS			1.2 NAME			
STREET ADDRESS	1000 THIRD STREET SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			1.4 CITY-ST-ZIP			
TITLE	TRAS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NORSE, ELEANOR R			2.2 NAME			
STREET ADDRESS	1000 THIRD STREET SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			2.4 CITY-ST-ZIP			
TITLE	TRV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORSE, BRAD G			3.2 NAME			
STREET ADDRESS	1000 THIRD STREET SOUTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			3.4 CITY-ST-ZIP			
TITLE	TRP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JAMES, THOMAS A			4.2 NAME			
STREET ADDRESS	1000 THIRD STREET SOUTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			4.4 CITY-ST-ZIP			
TITLE	TRS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, JAMES W			5.2 NAME			
STREET ADDRESS	111 SECOND AVENUE N.E. #703			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			5.4 CITY-ST-ZIP			
TITLE	TRT	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOUGH, WILLIAM R			6.2 NAME			
STREET ADDRESS	1000 THIRD STREET SOUTH			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/99 (727) 821-0904

CR2E037 (11/98)

232453-90064-37
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ATTACHMENT TO
1999 NONPROFIT CORPORATION ANNUAL REPORT TO
FLORIDA DEPARTMENT OF STATE

THE SALVADOR DALI FOUNDATION, INC.

Document #846723

OFFICERS AND TRUSTEES

As of February 22, 1999

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

Trustee and Vice President
T. MARSHALL ROUSSEAU
1000 Third Street South
St. Petersburg, FL 33701

Trustee and Treasurer
WILLIAM R. HOUGH
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 Assistant Treasurer
ROBERT L. ULRICH
1000 Third Street South
St. Petersburg, FL 33701

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