ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29501 (6)

1. Corporation Name
THE CHILDREN'S SCIENCE EXPLORIUM, INC.

Principal Place of Business	Mailing Address
2225 GLADES RD #400-EAST BOCA RATON FL 33431	131 MIZNER BLVD. STE. 15 BOCA RATON FL 33431-7313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0085199 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 123 NW 13 th Street	26 123 NW 13th Street
22 Suite, Apt. #, etc. 214 - 11	27 Suite, Apt. #, etc. 214 -11
23 City & State Boca Raton FL	28 City & State Boca Raton FL
24 Zip 33432 25 Country USA	29 Zip 33432 30 Country USA

9. Name and Address of Current Registered Agent

COHEN, EARL
2 EAST CAMINO REAL
SUITE 111A
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 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BATMASIAN, MARTA	1.2 NAME	Brenda Montague	
STREET ADDRESS	215 N. FEDERAL HWY.	1.3 STREET ADDRESS	401 Fairway Dr. #200	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	VD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	SAXTON, SUSAN	2.2 NAME	Marta Batmasian	
STREET ADDRESS	965 SW 1ST STREET	2.3 STREET ADDRESS	215 N. Federal Hwy	
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	EXTEIN, BARBARA	3.2 NAME	Charles Averbuck	
STREET ADDRESS	7501 MAHOGANY BEND PLACE	3.3 STREET ADDRESS	2881 Banyan Blvd Circle NW.	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Earl Cohen Treasurer 4/25/95 407-347-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044481