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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29501 (6)

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

Principal Place of Business 123 NW 13TH STREET #214-11 BOCA RATON FL 33432 US	Mailing Address 123 NW 13TH ST #214-11 BOCA RATON FL 33432 US
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2. Principal Place of Business 21 2505 NW Boca Raton Blvd #10	2a. Mailing Address 28 Suite, Apt. #, etc. Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Boca Raton FL	28 City & State
24 Zip 33431	25 Country USA
29 Zip	30 Country

3. Date Incorporated or Qualified 12/01/1988
4. FEI Number 65-0085199
Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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

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) 2505 NW Boca Raton Blvd #10
83
84 City Boca Raton
85 Zip Code FL 33431

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	MONTAGUE, BRENDA	
STREET ADDRESS	1189 HYPOLUXO RD	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATMASIAN, MARTA	
STREET ADDRESS	215 N. FED. HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AVERBROOK, CHARLES	
STREET ADDRESS	2887 BANYAN CREEK BLVD CIRCLE NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JENNINGS, DIANE	
STREET ADDRESS	1100 W CAMINO RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COHEN, EARL M.	
STREET ADDRESS	2 E CAMINO ROAD #111A	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jeanne Monte
4.3 STREET ADDRESS	21198 Escudido Way
4.4 CITY-ST-ZIP	Boca Raton, FL 33433
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2505 NW Boca Raton Blvd #10
5.4 CITY-ST-ZIP	Boca Raton, FL 33431
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	Chuck Mays
6.4 CITY-ST-ZIP	120 E. Palmetto Park Road Boca Raton, FL 33432

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.

SIGNATURE _____ DATE 3/1/98

CR2E037 (10/97)