

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30431
 1. Corporation Name
Museum of Science Endowment Fund, Inc.

Principal Place of Business c/o George Robinson 3280 South Miami Avenue Miami, FL 33129	Mailing Address c/o George Robinson 3280 So. Miami Avenue Miami, FL 33129
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3. Date Incorporated or Qualified January 31, 1989	
4. FEI Number 65-0166471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

Robinson, George
3280 South Miami Avenue
Miami, FL 33129

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 *George D. Robinson* *Henry A. Labine* **5-28-98**
Signature of present office of registered agent and fee if applicable (NOT) Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	McKay, Ernestine	
STREET ADDRESS	300 Greenwood Drive	
CITY-ST-ZIP	Key Biscayne, FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Constant, Lucille B.	
STREET ADDRESS	1771 Opechee Drive	
CITY-ST-ZIP	Miami, FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	Graham, Patricia A.	
STREET ADDRESS	6911 Main Street, #225	
CITY-ST-ZIP	Miami Lakes, FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Heuson, William	
STREET ADDRESS	5978 Miller Drive	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ross, Stanley	
STREET ADDRESS	3610 Alhambra Court	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Petrey, Roderick N.	
STREET ADDRESS	508 Castania Avenue	
CITY-ST-ZIP	Coral Gables, FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****70.00**

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: *Lucille B. Constant* **Lucille B. Constant, President** **5-22-98** **854-4247 x230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)