

FILE NOW: FILING FEE IS \$61.25

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03-05-1999 90118 030 ****70.00

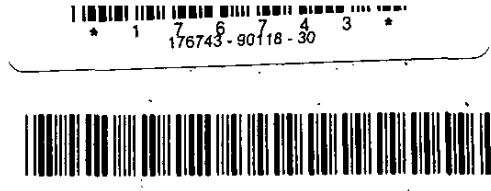
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30431

1. Corporation Name
MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

Principal Place of Business 3280 SOUTH MIAMI AVENUE C/O GEORGE ROBINSON MIAMI FL 33129	Mailing Address 3280 SOUTH MIAMI AVENUE C/O GEORGE ROBINSON MIAMI FL 33129
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/31/1989
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0166471
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
	85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNESTINE, MCKAY	1.2 NAME	D
STREET ADDRESS	300 GREENWOOD DRIVE	1.3 STREET ADDRESS	DESSAINT LOUIS
CITY-ST-ZIP	KEY BISCAVNE FL	1.4 CITY-ST-ZIP	6750 SW 113 STREET
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANT, LUCILLE B	2.2 NAME	
STREET ADDRESS	1771 OPECHEE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PATRICIA A	3.2 NAME	
STREET ADDRESS	6911 MAIN STREET #225	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSON, WILLIAM	4.2 NAME	
STREET ADDRESS	5978 MILLER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, STANLEY	5.2 NAME	
STREET ADDRESS	3610 ALHAMBRA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETREY, RODERICK N	6.2 NAME	
STREET ADDRESS	508 CASTANIA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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]* SIGNATURE REQUIRED **4-10-99 305-235-3201**

CR2E037 (1/1/98)