SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31537 (6)

1. Corporation Name
AH-THA-THI-KI MUSEUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6073 STIRLING RD.	6073 STIRLING RD.
C/O JAMES E. BILLIE	C/O JAMES E. BILLIE
HOLLYWOOD FL 33024-2161	HOLLYWOOD FL 33024-2161

3. Date Incorporated or Qualified: 04/05/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0161660 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 County 25	Zip 29 Country 30

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 ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BILLIE, JAMES E.
6073 STIRLING ROAD
HOLLYWOOD FL 33024

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BILLIE, JAMES E.
STREET ADDRESS	6350 NORTHWEST 32ND ST.
CITY ST ZIP	HOLLYWOOD FL
TITLE	VD
NAME	CYPRESS, BILLY
STREET ADDRESS	6351 N.W. 32ND ST.
CITY ST ZIP	HOLLYWOOD FL
TITLE	TRS
NAME	BILLIE-MOTLOW, AGNES
STREET ADDRESS	STAR ROUTE BOX 46
CITY ST ZIP	CLEWISTON FL
TITLE	SD
NAME	SAYEN, PRISCILLA D.
STREET ADDRESS	5721 SW 188TH AVE.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	DIAMOND, PATRICIA
STREET ADDRESS	4801 SW 202ND AVENUE
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (each block: ☐ Change ☐ Addition; TITLE, NAME, STREET ADDRESS, CITY ST ZIP — blank)

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: Billy Cypress Billy Cypress 6-27-95 (305)962-8997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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