


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N37218 (7)**

1. Corporation Name  
**ODYSSEY SCIENCE CENTER, INC.**



|                                                                                                                                                                 |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>345 SOUTH MAGNOLIA DRIVE<br/>                 SUITE B12<br/>                 TALLAHASSEE FL 32301<br/>                 US</b> | Mailing Address<br><b>PO BOX 149<br/>                 TALLAHASSEE FL 32302<br/>                 US</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/22/1990</b>                                                                                                                  |                                                        |
| 4. FEI Number<br><b>59-3013279</b>                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |                                                        |
| 7. Is this nonprofit corporation a homeowners association?<br><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<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent

**WEISS, ROBERT A.  
 118 N. GADSDEN STREET  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PTR MOELLER, WILLIAM F.</b>             | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1239 MITCHELL AVENUE</b>                | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                      | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VTR MOELLER, BILL</b>                   | 2.2 NAME                                              | <b>VTR Michael D. Cusick</b>                                                 |
| STREET ADDRESS             | <b>1239 MITCHELL AVENUE</b>                | 2.3 STREET ADDRESS                                    | <b>864 East Park Avenue</b>                                                  |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                      | 2.4 CITY-ST-ZIP                                       | <b>Tallahassee FL 32301</b>                                                  |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>STR KLENA, CHRIS</b>                    | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>PO BOX 2214</b>                         | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                      | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TTR CREBLE, SID H.</b>                  | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>600 VICTORY GARDEN DRIVE #A9</b>        | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                      | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 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.

SIGNATURE: *William F. Moeller* 3/30/98 850-644-3342

CR2E037 (10/97)