

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 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 # N41331 (2)
1. Corporation Name
CENTER FOR HISTORICAL ARCHAEOLOGY, INC.

Principal Place of Business 3220 RIVER VILLA WAY 161 MELBOURNE BEACH FL 32951 US	Mailing Address 3220 RIVER VILLA WAY S161 MELBOURNE BEACH FL 32951 US
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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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3. Date Incorporated or Qualified 12/19/1990	Applied For Not Applicable
4. FEI Number 59-3054027	
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	

9. Name and Address of Current Registered Agent
**DE BRY, JOHN
3220 RIVER VILLA WAY #116
MELBOURNE BEACH FL 32951**

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	DP DE BRY, JOHN 3220 RIVER VILLA WAY MELBOURNE BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRY, JOHN	1.2 NAME	
STREET ADDRESS	3220 RIVER VILLA WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D DE BRY, NANCY 3220 RIVER VILLA WAY MELBOURNE BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRY, NANCY	2.2 NAME	
STREET ADDRESS	3220 RIVER VILLA WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D SIEGEL, JERRY L 117 E 62 ST NEW YORK NY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, JERRY L	3.2 NAME	
STREET ADDRESS	117 E 62 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	D GARDNER, ALLAN J. 948 FERN DRIVE DELRAY BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ALLAN J.	4.2 NAME	
STREET ADDRESS	948 FERN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D FUNK, THOMAS C. 1400 B. ATLANTIC ST MELBOURNE BEACH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, THOMAS C.	5.2 NAME	
STREET ADDRESS	1400 B. ATLANTIC ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	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: *[Signature]* **1/6/98 (407) 723-2462**
DATE: 1/6/98 DAYTIME PHONE # (407) 723-2462

CR2E037 (10/97)