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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48644** (1)

1. Corporation Name

**TUAL FIRESTONE ANTHROPOLOGICAL RESEARCH FOUNDATI  
ON, INC.**

Principal Place of Business

Mailing Address

~~1140 KANE CONCOURSE, 5TH FLOOR~~  
~~1140 KANE CONCOURSE, 5TH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~  
~~US~~

~~1140 KANE CONCOURSE, 5TH FLOOR~~  
~~1140 KANE CONCOURSE, 5TH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~  
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **1140 KANE CONCOURSE**

26 **1140 KANE CONCOURSE**

22 **FIFTH FLOOR**

27 **FIFTH FLOOR**

23 **BAY HARBOR ISLANDS, FL**

28 **BAY HARBOR ISLANDS, FL**

24 **33154** 25 **US**

29 **33154** 30 **US**

9. Name and Address of Current Registered Agent

**SILVERS, ROBERT H**  
~~1140 KANE CONCOURSE, 5TH FLOOR~~  
~~1140 KANE CONCOURSE, 5TH FLOOR~~  
~~BAY HARBOR ISLAND FL 33154~~

3. Date Incorporated or Qualified

**04/28/1992**

4. FEI Number

**65-0330331**

Applied For  
Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1140 KANE CONCOURSE**

**FIFTH FLOOR**

**BAY HARBOR ISLANDS**

**FL**

85 Zip Code  
**33154**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **FIRESTONE, ANNY TUAL**  
STREET ADDRESS **1140 KANE CONCOURSE 5TH FLOOR**  
CITY-ST-ZIP **BAY HRBR ISLANDS FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FIRESTONE, MELVILLE**  
STREET ADDRESS **1140 KANE CONCOURSE 5TH FLOOR**  
CITY-ST-ZIP **BAY HRBR ISLANDS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **SILVERS, ROBERT**  
STREET ADDRESS **1140 KANE CONCOURSE 5TH FLOOR**  
CITY-ST-ZIP **BAY HRBR ISLANDS FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**SILVERS** 1/30/98 305-864-7531

CR2E037 (10/97)