

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49074** (0)
1. Corporation Name
FLORIDA INTERNATIONAL MUSEUM, INC.



Principal Place of Business
**201 SECOND AVE NORTH
SUITE C
ST PETERSBURG FL 33701**

Mailing Address
**SUITE 720, BARNETT TOWER
ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701
US**

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
03/16/1995

4. FEI Number
59-3139888

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**JOHNSTON, W. RICHARD
SUITE 420, BARNETT TOWER
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDAS	<input type="checkbox"/> DELETE
NAME	GALBRAITH, JOHN	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MITLIN, IRA	
STREET ADDRESS	25 2ND STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORMILE, MARTIN J.	
STREET ADDRESS	100 2ND AVENUE SOUTH, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	EOD	<input type="checkbox"/> DELETE
NAME	FISCHER, DAVID J	
STREET ADDRESS	749 CAYA COSTA COURT	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OLIVER, L. EUGENE JR.	
STREET ADDRESS	150 2ND AVENUE NORTH # 300	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIMMS, SHARON	
STREET ADDRESS	4372 48TH AVENUE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRESIDENT + CEO
6.3 STREET ADDRESS	JOSEPH CRONIN
6.4 CITY-ST-ZIP	ONE PROGRESS PLAZA, STE 720
	ST. PETERSBURG, FL 33701

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 19.07(3)(k), 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: *Joseph Cronin*

JOSEPH CRONIN, PRES + CEO

4/30/96

(813) 824-6734

CR2E037 (12/95)