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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N92000000164

1. Corporation Name

MIAMI BEACH HISTORICAL SOCIETY, INC.

Principal Place of Business

7532 CUTLASS AVE. MIAMI BEACH FL 33141

Mailing Address

7532 CUTLASS AVE. MIAMI BEACH FL 33141



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/06/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUMBERG, STUART % 7532 CUTLASS AVE. MIAMI BEACH FL 33141

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

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 DELETED

NAME BLUMBERG, STUART L STREET ADDRESS 7532 CUTLASS AVE. CITY-ST-ZIP MIAMI BEACH FL 33141

1.1 TITLE Change Addition

TITLE D DELETED

NAME SCHWARTZ, GERALD K STREET ADDRESS 1920 MERIDAN AVE. CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE Change Addition

TITLE D DELETED

NAME MCCABE, ARVA M STREET ADDRESS P.O. BOX 11830 N/A CITY-ST-ZIP MIAMI FL 33101

3.1 TITLE Change Addition

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED STUART L. BLUMBERG 1/16/99 (305) 864-8090

CR2E037 (1/198)