## շոոշ Ձ.Որ am

1. Entity Nan	MENT # <b>N92000</b> 0  IAN INLET MUSEUMS FOUND	Secretary of State 02-12-2002 90094 048 ****61.25				Š			
Principal Plac	ce of Business	Mailing Address			-				
13180 NORTH A-1-A VERO BEACH FL 32963		13180 NORTH A-1-A VERO BEACH FL 32963					~		
2. Principal f	Place of Business	3. Mailing Address		<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For Not Applicable				
Zip Country		Zip	Country		5. Certificate of Status Desired Sa.75 Additional Fee Required				-
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered	d Agent		1
				lame 	<u> </u>	·			_
DAVIS, KRIS H 1423 S PATRICK DR SATELLITE BEACH FL 32937				treet Address	(P.O. Box Number is Not A	Acceptable)			
ONTELLINE	L DEAGITTE GEOGY		0	City		F	Zip Cod	e	1
- FRENOW: FEE IS SET 25 7						ck Payable to ent of State			
10. J	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANGES TO	O OFFICERS AND [	DIRECTORS IN	10	- }
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHTER, HARRY 712 FISHER CIRCLE	Delete	TITLE NAME STREET AD	P m	ARSHALL, INCO O HERON DA RIBOGRAVE BCH	erick	Change	☐ Addition	CR2E037 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEBASTIAN FL 32958  T MARSHALL, FREDERICK 220 HERON DRIVE MELBOURNE BEACH FL 32957	Delete	TITLE NAME STREET AD CITY-ST-2	TOA	un A. Pasles to s Huy Ala Laborane Bol	7	☐ Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	MEERBOTT, ROSE MARIE 406 ANCHOR KEY MELBOURNE BEACH FL 32958	☐ Delete	TITLE NAME STREET AD CITY-ST-2	- Doress		- ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENDER, SHELDON 295 HERON DRIVE MELBOURNE SHORES FL 32951	□ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS 35	L. DAVID UND 86 MARSHA U PAO BEACH, FL	J.	Change	<b>S</b> Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELSO, KIP DR 14265 80TH AVE ROSELAND FL 32958	Delete	TITLE NAME STREET AD CITY-ST-2	DRESS 36	NDER, SHELDI S HERON DA ELBONNE BCH	2 ~ 0	Change	Addition	1
TITLE NAME	D ARMSTRONG, DOUGLAS R	☐ Delete	TITLE		erionalme lite	1 1	☐ Change	☐ Addition	

12. 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 report or supplemental 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 employee by the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an attachment that an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

1618 EMMANS ROAD N.W.

PALM BAY FL 32907

STREET ADDRESS

CITY-ST-ZIP

2002 UNIFORM BUSINESS REPORT (UBR)

1/23/01 321.409.9204