

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001635 (2)

1. Corporation Name

THE INTERNATIONAL CHILDREN'S MUSEUM, INC.



Principal Place of Business

3450 NORTHLAKE BLVD
#203
PALM BEACH GARDENS FL 33403

Mailing Address

3450 NORTHLAKE BLVD
#203
PALM BEACH GARDENS FL 33403

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
04/13/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
64-0449461

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 S. FLAGLER DR.
SUITE 1100
WEST PALM BEACH FL 33401

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROSINSKY, HAROLD J
200 EL BRILLO WAY
PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ROSINSKY, CLAUDE D,
200 EL BRILLO WAY
PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SINGER, CLAUDE
145 BLOOMFIELD AVE.
HARTFORD CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
THORNTON M. HENR
505 S. FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECOND VICE PRESIDENT
RICHARD TAMBONE
4200 WACKENHUT DRIVE, SUITE 110
PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
HERBERT C. ALTHOLZ
11974 SOUTH EDGEWATER DRIVE
PALM BEACH GARDENS, FL 33410

13.

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

SECRETARY
DAVID H. TALLEY
1983 PGA BOULEVARD, SUITE 104
PALM BEACH GARDENS, FL 33410

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0000010

CR2E037 (3/96)