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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

Mailing Address

**3450 NORTHLAKE BLVD  
#203  
PALM BEACH GARDENS FL 33403**

**3450 NORTHLAKE BLVD  
#203  
PALM BEACH GARDENS FL 33403-1711**

3. Date Incorporated or Qualified  
**04/13/1993**

3a. Date of Last Report  
**07/02/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **TALLEY, DAVID H**  
STREET ADDRESS **1983 PGA BOULEVARD, SUITE 1041**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **TP** ☐ DELETE

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

TITLE **T** ☒ DELETE

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

TITLE **VP** ☐ DELETE

NAME **HENRY, THORNTON M**  
STREET ADDRESS **505 S FLAGLER DRIVE, SUITE 1100**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SVP** ☐ DELETE

NAME **TAMBONE, RICHARD**  
STREET ADDRESS **4200 WACKENHUT DRIVE, SUITE 110**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **T** ☐ DELETE

NAME **ALTHOLZ, HERBERT C**  
STREET ADDRESS **11974 SOUTH EDGEWATER DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

1.1 TITLE **S/D** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **P/D** ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Harold A. Benson, Jr.**

3.3 STREET ADDRESS **6501 N. Federal Highway, Suite 5**

3.4 CITY-ST-ZIP **Boca Raton, FL 33487**

4.1 TITLE **VP/D** ☒ Change ☐ Addition

4.2 NAME **HENRY,**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **VP/D** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **T/D** ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*Herbert C Altholz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 19<sup>th</sup> 1997*  
Date

Daytime Phone # 0039941

CR2E037 (9/96)