

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

04/13/1993

4. FEI Number

64-0449461 65-0449461

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5100 S Dixie Highway

26 P O Box 30248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 49

27

City & State

City & State

23 West Palm Beach FL

28 Palm Beach Gardens FL

Zip

Country

Zip

Country

24 33405

25 USA

29 33420

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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

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

TITLE PD ☐ DELETE
NAME ROSINSKY, CLAUDE D
STREET ADDRESS 200 EL BRILLO WAY
CITY-ST-ZIP PALM BEACH FL

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

TITLE D ☐ DELETE
NAME HAROLD A BENSON, JR
STREET ADDRESS 6501 N FEDERAL HIGHWAY, STE 5
CITY-ST-ZIP BOCA RATON FL

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

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

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

TITLE VPD ☐ DELETE
NAME TAMBONE, RICHARD
STREET ADDRESS 4200 WACKENHUT DRIVE, SUITE 110
CITY-ST-ZIP PALM BEACH GARDENS FL

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

TITLE TD ☒ DELETE
NAME ALTHOLZ, HERBERT C
STREET ADDRESS 11974 SOUTH EDGEWATER DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

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

14. 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 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.

CP2E037 (10/97)