FÎLE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

	AL REPORT Scoretary of State DIVISION OF CORPORATIONS					
		000001778 (8)				
1	MERICAN MUSEUMS, I	NCORPORATED				
		HOOM ON HED		I I <b>di</b> nkiok oko koko okaki obisk obisk obisk	Biol Boite Boide (1864) (Constitution	
Principal Place	e of Business	Mailing Address				
2011 BEACH DR 2011 BEACH DR						
SEBRING FL	33870	SEBRING FL 33870				
				3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Rep	part
<b>⊢</b>	ace of Business	2a. Mailing Address		4, FEI Number		lied For
Suite, Apt	09 - FAIRMOU.	-7 DE 26		65-0577714		Applicable
22		Suite, Apt. #, %c.		5. Certificate of Status Desired	\$8.75 A	
City & Stali		City & State		6. Election Campaign Financing	\$5.00 \	·
23 S 6	BRIAG PCOR	<b>Σβ</b> 28 / Zψ	Country	Trust Fund Contribution	Added to	Fees
24 3 3 8	79 25 U.S.	29	io South,	8. This corporation has liability for int	Yes XNo	9.032,
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Re-	gistered Agent	
PILLER,	TOM					
2011 BEACH DR			82 Street Addi	reನ (P.O. Box Number is Not Acceptable	)	
SEBRING	G FL 33870		83			
			84 City	77 TEAL CO.	85 Zo Co	ode
11. Pursuant i	to the provisions of Sections 61	7.0502 and 617.1508. Florida Statutes:	the above-named coroon	ation submits this statement for the nurry	FL 83 7 219 OK	torod office
or register familiar wi	red agent, or both, in the State of ith, and accept to obligations	of Florida, Such change was authorized I f, Section 617.0503, Florida Statutes.	by the corporation's boar	alion submits this statement for the purpor of of directors. I hereby accept the appoir	ntment as registered agr	ent. I am
SIGNATURE .		Die Ecino	Ton	1-116e (-	29-96	
12.	Signature ity and or printed harmoning the OFFICE!	ed agend and steed applicable (NOTE 3 RS AND DIRECTORS	is globited Agent signature requires  13.	tweer rei starige ADD HONS OHANGES TO OFFIC	SATE	,
TITLE	D	DELETE	11 TITLE	ADD TONG COMPLETE TO OFFIC		Addition
NAME	PILLER, TOM		1.2 NAME	and the second s		
STREET ADDRESS	2011 BEACH DR SEBRING FL 33870		13 STHEET ADDRESS			į
CIFY-ST-ZIP TITUE	D	□ DELETE	1.4 C-TY - \$1 - ZIP 2.1 T-TLE		Change [	Addition
NAME	PILLER, ROBERT S	<b>_</b>	2.2 NAME		[_] change [_	_ Addition
STREET ADDRESS	135 N LAKE REEDY BLV		2.3 STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF FL 33843		2 4 CITY - ST - ZIP			
TUTLE NAME	D Piller, reba a	DELETE	31 TITLE		Change [	Addition
STREET ADDRESS	2011 BEACH DR		3.2 NAME 3.3 STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL 33870		3.4 CITY-S1-ZIP			
TITLE		☐ DEL <b>E</b> 1E	4.1 DTCE		Change [	Addition
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STREET ADDRESS CITY+ST-ZIP			4.3 STREET ADDRESS			
TITLE		DELFIE	4 4 C TY - ST - ZIP 5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			İ
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP	- CORMINA	——————————————————————————————————————	7.4.12
NAME		Morrele	6 1 TITLE 6 2 NAME		☐ Change ☐	Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-S1-7IP			6 4 CITY - ST - ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Lot hereby certify that the information supplied with this filing is voluntarly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes | 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 set 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 chapter, or on an attachment with an address. 1-29-96