

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90180 005 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000184**

1. Corporation Name

**THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INC  
 ORPORATED**

Principal Place of Business

**3446 SWEETWATER TRAIL  
 CLEARWATER FL 33761**

Mailing Address

**3446 SWEETWATER TRAIL  
 CLEARWATER FL 33761**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/13/1998	
22	City & State	27	City & State	4. FEI Number <b>59-3486566</b>	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMIDA, LOU  
 3446 SWEETWATER TRAIL  
 CLEARWATER FL 33761**

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	<b>P D Chmn</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMIDA, LOU</b>	1.2 NAME	
STREET ADDRESS	<b>3446 SWEETWATER TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VST D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMIDA, TRUDY</b>	2.2 NAME	
STREET ADDRESS	<b>3446 SWEETWATER TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK ROSOFF</b>	3.2 NAME	
STREET ADDRESS	<b>12003 Nicklaus Circle</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tampa FL 33629</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jack Butcher</b>	4.2 NAME	
STREET ADDRESS	<b>2831 Bellwood Dr</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Brandon FL 33511</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 12, 1999**  
 Date

Daytime Phone #

**827-8625**

CR2E037-141991