


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90045 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003491					
1. Corporation Name MIND SCIENCE CENTER, INC.					
Principal Place of Business 691 SNEAD CIR WEST PALM BEACH FL 33413-1250			Mailing Address 691 SNEAD CIR WEST PALM BEACH FL 33413-1250		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/09/1998	
22 City & State		27 City & State		4. FEI Number 65-0884875	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MARCHMAN, SANDRA J 691 SNEAD CIR WEST PALM BEACH FL 33413-1250			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	PURR, PHILLIP GARY				
STREET ADDRESS	2626 N FEDERAL HWY				
CITY-ST-ZIP	BOYNTON BEACH FL 33435				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	MARCHMAN, SANDRA J				
STREET ADDRESS	691 SNEAD CIR				
CITY-ST-ZIP	WEST PALM BEACH FL 33413-1250				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	GIERSBROOK, ANN				
STREET ADDRESS	691 SNEAD CIR				
CITY-ST-ZIP	WEST PALM BEACH FL 33413-1250				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MARCHMAN, JENNIFER C				
STREET ADDRESS	691 SNEAD CIR				
CITY-ST-ZIP	WEST PALM BEACH FL 33413-1250				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	marchman, Sandra J.				
1.3 STREET ADDRESS	691 SNEAD Circle				
1.4 CITY-ST-ZIP	WPB, FL 33413				
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Purr, Phillip Gary				
2.3 STREET ADDRESS	2626 N Federal Hwy				
2.4 CITY-ST-ZIP	West Palm Beach, FL 33415				
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Peritt, Saradane				
3.3 STREET ADDRESS	155 Kings Way				
3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411				
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	marchman, Jennifer				
4.3 STREET ADDRESS	691 SNEAD Circle				
4.4 CITY-ST-ZIP	WPB, FL 33413				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)