## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055114 (7)

MUSEUM EXHIBIT AND CONSERVATION SERVICES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



7963 SAIL BOAT KEY, 704 7963 SAIL BOAT KEY, 704	
ST PETERSBURG FL 33707 ST PETERSBURG FL 33707	
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
06/23/1997	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fo	)r
22. Walling Address 59 - 345 3531 Not Applie	able
Suite, Apt. #, etc.   Suite, Apt. #, etc.	al
5. Certificate of Status Desired Fee Required	
City & State City & State 6. Election Campaign Financing \$5.00 May Be	
3 Trust Fund Contribution Added to Fees	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	
25 29 30 Personal Property Tax due June 30. Yes No	
9 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent	
CORPORATE CREATIONS 81 Name VERA ESPINOLA	
TAMPA FL 33847 7963 39.1160 97 284 704	
63	
84 City Ch	$\equiv$
B4 City St. Peters burg FL B5 Zip Code 3370	7
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register	ered
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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ea
11 A A A A A A A A A A A A A A A A A A	
SIGNATURE Signature, typod or printed name of purstered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DAYE  DAYE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D DELETE 1.3 TITLE Change Add	_
NAME ESPINOLA, VERA B 12 NAME	
TARK AND BANK WITH THE	
AT ATTERANISM OF ANTAL	
C/TY-ST-ZIP	dition
	ancion
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change Add	dition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	dition
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STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Ad	dilion
	2,1,1011
NAME 52 NAME	ļ
STREET ADDRESS 5.3 STREET ADDRESS	1
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Change Ad	dition
NAME 62 NAME	
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(813)367-5657