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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000055114**1. Corporation Name

MUSEUM EXHIBIT AND CONSERVATION SERVICES, INC.

Principal Place of Business						
7963	SAIL	BOAT	KEY.	704		

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90100 023 \*\*\*150.00



Principal Place of Business	Mailing Address		,				
7963 SAIL BOAT KEY. 704 ST PETERSBURG FL 33707		7963 SAIL BOAT KEY. 704 ST PETERSBURG FL 33707			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	10 11 11 11 11				06/23/1997 4. FEI Number Applied For		
2. Principal Place of Business	2a. Mailing Addi	ress				_	
1	26				59-3453531 Not Applica	_	
Suite, Apt. #, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
2   City & State	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
3	Zip	Got 30	intry		8. This corporation owes the current year Intancible Personal Property Tax.		
9. Name and Address of			T		10. Name and Address of New Registered Agent	$\neg$	
	Suitent (togistered Agent		81	Name			
ESPINOLA, VERA 7963 SAILBOAT KEY #704			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33707							
			84	City	FL 85 Zip Code		
44 Durawant to the provisions of Sections 6	07 0502 and 607 1508 Flor	ida Statutes, the a	bove	-named corpo	pration submits this statement for the purpose of changing its registere	d	

office or registered agent, or both, in the State of Florida. Such change 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 607.0505, Florida Statutes.

agent. 1 ai	it lamillar with, and accept the obligations of, cooling	07.0000, 1.0	12.112.112.11			\
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	uired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	S IN 12
TITLE	D	] DELETE	1.1 TITLE		☐ Change	Addition
NAME	ESPINOLA, VERA B		1.2 NAME			1
STREET ADDRESS	7963 SAIL BOAT KEY, 704		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33707		1.4 CITY-ST-ZIP		<del></del>	
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			,
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		-	
STREET ADDRESS		•	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS		_	5.3 STREET ADDRESS	MA MARIE S. C. C. CALL	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	· .		5 4 CiTY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			ĺ
STREET ADDRESS			6.3 STREET ADDRESS			ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.