

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N47131 (O)

1. Corporation Name

BOCA RATON COMPUTER SOCIETY, INC.

95 APR -5 PM 3:10

Principal Place of Business

Mailing Address

**2600 RIVIERA DR
DELRAY BCH FL 33445
US**

**2600 RIVIERA DR
DELRAY BCH FL 33445
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0322952

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8031 MUIRHEAD CIRCLE

26 8031 MUIRHEAD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BOYNTON BEACH, FL

28 BOYNTON BEACH, FL

Zip

Country

Zip

Country

24 33437

25

29 33437

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Charles Schechter, TREASURER

3/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	SCHECHTER, CHARLES
STREET ADDRESS	2600 RIVIERA DR
CITY - ST - ZIP	ELRAY BCH FL
TITLE	DVP
NAME	MILLER, RICHARD
STREET ADDRESS	7470 SAN CLEMENTE PL.
CITY - ST - ZIP	BOCA RATON FL
TITLE	DS
NAME	KRUPOWIES, LORRAINE M.
STREET ADDRESS	436 SW 4TH AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	DT
NAME	YOVIN, LOU
STREET ADDRESS	1360 SW 12TH ST.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	ISREAL, BEN
STREET ADDRESS	6308 LA COSTA DR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	LYNCH, DEBBIE
STREET ADDRESS	221208 BOCA PLACE DR.
CITY - ST - ZIP	BOCA RATON FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DP ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	MEL MARY
5.3 STREET ADDRESS	6100 BOLENO CIRCLE
5.4 CITY - ST - ZIP	DELRAY BEACH, FL
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	LARRY FRENCH
6.3 STREET ADDRESS	21733 CHIMNEY ROCK PARK
6.4 CITY - ST - ZIP	BOCA RATON, FL 33448

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Charles Schechter, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES SCHECHTER, TREAS

3/27/95

407-375-9483

(Date)

(Telephone Number)