

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47131 (0)

1. Corporation Name

BOCA RATON COMPUTER SOCIETY, INC.



Principal Place of Business

Mailing Address

**8031 MUIRHEAD CR
BOYNTON BEACH FL 33437
US**

**8031 MUIRHEAD CR
BOYNTON BEACH FL 33437
US**

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 22757 MARBELLA CIRCLE

26 22757 MARBELLA CIRCLE

4. FEI Number

65-0322952

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
BOCA RATON, FL**

**27 City & State
BOCA RATON, FL**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

**23 Zip
33433**

**25 Country
USA**

**29 Zip
33433**

**30 Country
USA**

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 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	DT	<input checked="" type="checkbox"/> DELETE
NAME	SCHECHTER, CHARLES	
STREET ADDRESS	2660 RIVERA DR	
CITY-ST-ZIP	ELRAY BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, RICHARD	
STREET ADDRESS	7470 SAN CLEMENTE PL.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KRUPOWIES, LORRAINE M.	
STREET ADDRESS	-436 SW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	YOVIN, LOU	
STREET ADDRESS	1360 SW 12TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACY, MEL	
STREET ADDRESS	6300 BOLERO CR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRENCH, LARRY	
STREET ADDRESS	21733 CHIMNEY ROCK PARK	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEL MACY	
1.3 STREET ADDRESS	5300 BOLERO CIRCLE	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484-1359	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEN ISRAEL	
2.3 STREET ADDRESS	3040 NW 23 COURT	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LORRAINE KRUPOWIES	
3.3 STREET ADDRESS	436 SW 4 AVENUE	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOU YOVIN	
4.3 STREET ADDRESS	1360 SW 12 STREET	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33486-5331	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARY DRAVING	
5.3 STREET ADDRESS	11427 LITTLE BEAR WAY	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
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 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, changed, or on an attachment with an address.

SIGNATURE: *Richard Miller* *Richard Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407) 738-0770

Date

Daytime Phone #

CR2E037 (12/95)