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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33437-5018 US

3. Date Incorporated or Qualified 02/03/1992 3a. Date of Last Report 04/29/1996

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 22757 MARBELLA CIRCLE | 26 SAME | 65-0322952 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 23 BOCA RATON, FL 33433 | 28 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | VPx PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MACY, MEL | 1.2 NAME | BEN ISRAEL |
| STREET ADDRESS | 5300 BOLERO CIRCLE | 1.3 STREET ADDRESS | 3040 N.W. 23RD. COURT |
| CITY-ST-ZIP | DELRAY BEACH FL 33484-1359 | 1.4 CITY-ST-ZIP | BOCA RATON FL 33431 |
| TITLE | VPx VICE PRESIDENT <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILLER, RICHARD | 2.2 NAME | GARY DRAVING |
| STREET ADDRESS | 7470 SAN CLEMENTE PL. | 2.3 STREET ADDRESS | 11427 LITTLE BEAR WAY |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 2.4 CITY-ST-ZIP | BOCA RATON, FL 33428 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRUPOWIES, LORRAINE M. | 3.2 NAME | MARVIN NOVICK |
| STREET ADDRESS | -436 SW 4TH AVE. | 3.3 STREET ADDRESS | 14425 STRATHMORE LANE |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | 3.4 CITY-ST-ZIP | DELRAY BEACH, FL 33446 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOVIN, LOU | 4.2 NAME | |
| STREET ADDRESS | 1360 SW 12TH ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACY, MEL | 5.2 NAME | |
| STREET ADDRESS | 6300 BOLERO CR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRENCH, LARRY | 6.2 NAME | |
| STREET ADDRESS | 21733 CHIMNEY ROCK PARK | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Lorraine M. Krupowies* Lorraine M. Krupowies Date 2/3/97 561-734-5886

CR2E037 (9/96)