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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47131

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BOCA RATON COMPUTER SOCIETY, INC.

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| 2. Principal P | lace of Business | | 2a. Mai | iling Address | | | 1 | Number | J | | | olied For |
| 21 22757 | MARBELLA (| CIRCLE | 26 | ŞAME | | | | 65-0322952 | | | + | Applicable |
| Suite, Apt. | #, etc. | | Suit | te, Apt. #, etc. | | | 5 . Ce | rtificate of Status Desired | | | | dditional quired |
| City & Stat 23 BOCA | RATON, FL | 33433 | City | / & State | | | | ction Campaign Financing | , 🗆 | | | May Be |
| Zip 24 | 25 | ountry | Zip | | Countr 30 | у | | s corporation has liability f | for intangible | | iers. | 199.032, |
| | 9. Name and A | ddress of Currer | nt Registered | d Agent | | | 10. Na | me and Address of New | | | | |
| | | | | | 81 | Name | | | | | | |
| | RPORATION SYST OUTH PINE ISLAN | | | | 82 | Street | Address (P.O. | Box Number is Not Accep | otable) | <u></u> | | |
| PLANTA" | TION FL 33324 | | | | 83 | 9 | | | | | | |
| | | | | | 84 | City | ······································ | | FL | 85 | Zip C | ode |
| · | arra | accopt the being | acons or, occ | ction 617.0503, | FIORGA Statute | ,,, | | | | | | |
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| | Signature, typed or printed | name of registered age OFFICERS AN | ent and title if appl | licable. (N | NOTE. Registered Ac | gent signature | | | | DIREC | | |
| 12. | Signature, typed or printed WRX PRES MACY, MEL | onania of registered age OFFICERS AN | ent and title if appl | licable. (N | NOTE. Registered Ac | gent signature | D BEN ISRA | OITIONS/CHANGES TO OF | | | | |
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4. 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: Jarranie M. Krupowies Date 2/3/97 561 1734 5086