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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 22757 MARBELLA CIRCLE, BOCA RATON FL 33433 US
Mailing Address: 6031 MUIRHEAD CR, BOYNTON BEACH FL 33437 US

3. Date Incorporated or Qualified: 02/03/1992
4. FEI Number: 65-0322952
Applied For: Not Applicable

2. Principal Place of Business: 21 436 SW 4TH AVE., Suite, Apt. #, etc.
2a. Mailing Address: 26 436 SW 4TH AVE, Suite, Apt. #, etc.
23 City & State: BOYNTON BEACH, FL 33435
28 City & State: BOYNTON BEACH, FL 33435
24 Zip, 25 Country, 29 Zip, 30 Country

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP PRES	<input type="checkbox"/> DELETE
NAME	MACY, MEL	
STREET ADDRESS	5300 BOLERO CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	OP D	<input type="checkbox"/> DELETE
NAME	MILLER, RICHARD	
STREET ADDRESS	7470 SAN CLEMENTE PL.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRUPOWIES, LORRAINE M.	
STREET ADDRESS	-436 SW 4TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISRAEL, BEN	
STREET ADDRESS	3040 N.W. 23RD COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAVING, GARY	
STREET ADDRESS	11427 LITTLE BEAR WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D VP	<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	EXR SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARVIN NOVICK	
1.3 STREET ADDRESS	14425 STRATHMORE LAN	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
2.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD CUMMINS	
2.3 STREET ADDRESS	2315 NW 66TH. DR	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
3.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEANNE SANDAK	
3.3 STREET ADDRESS	5294 BUCKHEAD CIR	
3.4 CITY-ST-ZIP	BOCA RATON FL 33487	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 Krupowies* 4/26/98 561-7345985
LORRAINE KRUPOWIES

CR2E037 (10/97)