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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90056 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47131

1. Corporation Name
BOCA RATON COMPUTER SOCIETY, INC.

441184 - 90056 - 47

Principal Place of Business: 436 SW 4TH AVE BOYNTON BEACH FL 33435 US	Mailing Address 436 SW 4TH AVE BOYNTON BEACH FL 33435 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/03/1992
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0322952
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. PLANTATION FL 33324	81. Name	0. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code FL

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	MACY, MEL	1.2 NAME	Murray Tiano
STREET ADDRESS	5300 BOLERO CIRCLE	1.3 STREET ADDRESS	8041 SummerView Terr
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> DELETE PRES	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	MILLER, RICHARD	2.2 NAME	RICHARD CUMMINS
STREET ADDRESS	7470 SAN CLEMENTE PL.	2.3 STREET ADDRESS	2315 NW 66th DR.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	KRUPOWIES, LORRAINE M.	3.2 NAME	Stanley Hirschan
STREET ADDRESS	-436 SW 4TH AVE.	3.3 STREET ADDRESS	4643 Sextant Cir.
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	ISRAEL, BEN	4.2 NAME	Adam Wyde
STREET ADDRESS	3040 N.W. 23RD COURT	4.3 STREET ADDRESS	4466 King Theodore DR
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DRAVING, GARY	5.2 NAME	
STREET ADDRESS	11427 LITTLE BEAR WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	Sec. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FRENCH, LARRY	6.2 NAME	
STREET ADDRESS	21733 CHIMNEY ROCK PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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, with all other like empowered.

SIGNATURE: *Lorraine M. Krupowies* **SIGNATURE REQUIRED - LORRAINE M. KRUPOWIES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #