


FILED
Apr 29, 1999 8:00 am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47131

1. Corporation Name

BOCA RATON COMPUTER SOCIETY, INC.

Principal Place of Business

436 SW 4TH AVE
BOYNTON BEACH FL 33435
US

Mailing Address

436 SW 4TH AVE
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address

83

84 City

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MACY, MEL	
STREET ADDRESS	5300 BOLERO CIRCLE	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, RICHARD	
STREET ADDRESS	7470 SAN CLEMENTE PL.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRUPOWIES, LORRAINE M.	
STREET ADDRESS	436 SW 4TH AVE.	
CITY-STATE-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISRAEL, BEN	
STREET ADDRESS	3040 N.W. 23RD COURT	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRAVING, GARY	
STREET ADDRESS	11427 LITTLE BEAR WAY	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	FRENCH, LARRY	
STREET ADDRESS	21733 CHIMNEY ROCK PARK	
CITY-STATE-ZIP	BOCA RATON FL	

13.

1.1 TITLE	V	<input checked="" type="checkbox"/>
1.2 NAME	Y	
1.3 STREET ADDRESS	S	
1.4 CITY-STATE-ZIP	B.	
2.1 TITLE	D	
2.2 NAME	R	
2.3 STREET ADDRESS	2	
2.4 CITY-STATE-ZIP	B.	
3.1 TITLE	D	
3.2 NAME	S	
3.3 STREET ADDRESS	4	
3.4 CITY-STATE-ZIP	B.	
4.1 TITLE	D	
4.2 NAME	A	
4.3 STREET ADDRESS	4	
4.4 CITY-STATE-ZIP	B.	
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

SIGNATURE REQUIRED

Date _____

Daytime Phone #