

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Meekins
Secretary of State
1900 FLORIDA CAPITAL PALACE

APPROVED
FILED

DOCUMENT # **N93000005564 (0)**

ALL-STAR ACADEMY PRIVATE SCHOOL CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office of Business 6300 OLD CLINT MOORE ROAD BOCA RATON FL 33496		Mailing Address PO BOX 811360 BOCA RATON FL 33481 US		3. Date Incorporated (or Qualified) 12/06/1993	3a. Date of Last Report 04/06/1994
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0459054	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. # etc.		27. Suite, Apt. # etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		30. Zip		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
25. County		30. County		8. This corporation has liability for intangible tax under § 198.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STONE, S R III 6300 OLD CLINT MOORE ROAD BOCA RATON FL 33496				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3.	
				B4. City	FL
				B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ACCEPTING CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME STONE, ROBERT III STREET ADDRESS 5779 NW 38TH TERRACE CITY, ST, ZIP BOCA RATON FL 33496	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
TITLE VD	NAME MINTZ, MICHAEL STREET ADDRESS 5791 NW 38TH TERRACE CITY, ST, ZIP BOCA RATON FL 33496	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
TITLE SD	NAME SALVER, PAUL STREET ADDRESS 5881 NW 151ST STREET, SUITE 101 CITY, ST, ZIP MIAMI LAKE FL 33014	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
TITLE TD	NAME TUBENSTEIN, LEON STREET ADDRESS 5799 NW 38TH TERRACE CITY, ST, ZIP BOCA RATON FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
TITLE D	NAME CRACKNELL, FANNY STREET ADDRESS 2347 HAYLOFT CIRCLE CITY, ST, ZIP CHARLOTTE NC 28226	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
TITLE D	NAME HAUSMAN, ROBERT STREET ADDRESS 17221 -2 BOCA CLUB BLVD. CITY, ST, ZIP BOCA RATON FL 33487	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
		71 TITLE	72 NAME
		81 TITLE	82 NAME
		91 TITLE	92 NAME
		101 TITLE	102 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Robert Stone III* **STONE, ROBERT III** 5/12/95 11:27 AM