

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005564 (0)**

1. Corporation Name
ALL-STAR ACADEMY PRIVATE SCHOOL CORPORATION



Principal Place 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: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 65-0459054	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent STONE, S R III 6300 OLD CLINT MOORE ROAD BOCA RATON FL 33496				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, ROBERT III	1 2 NAME	Leon Galvan
STREET ADDRESS	5779 NW 38TH TERRACE	1 3 STREET ADDRESS	3400 GAIT OCEAN DR
CITY-ST-ZIP	BOCA RATON FL 33496	1 4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33308
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZ, MICHAEL	2 2 NAME	
STREET ADDRESS	5791 NW 38TH TERRACE	2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2 4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVER, PAUL	3 2 NAME	
STREET ADDRESS	5881 NW 151ST STREET, SUITE 101	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKE FL 33014	3 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRACKNELL, FANNY	4 2 NAME	
STREET ADDRESS	2347 HAYLOFT CIRCLE	4 3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	4 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMAN, ROBERT	5 2 NAME	
STREET ADDRESS	17221 -2 BOCA CLUB BLVD.	5 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Leon Galvan</i>	6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *S. M. Stone* DATE: 4/30/96 DAYTIME PHONE #: (407) 241-3217

CR2E037 (12/95)