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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000005564

1. Corporation Name

ALL-STAR ACADEMY PRIVATE SCHOOL CORPORATION

565673 - 90007 - 49

Principal Place of Business

6200 LINTON BLVD  
DELRAY BEACH FL 33484  
US

Mailing Address

6200 LINTON BLVD  
DELRAY BEACH FL 33484  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/06/1993

22 City & State

27 City & State

4. FEI Number  
65-0459054

Applied For  
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, S R III  
5779 NW 38 TERRACE  
BOCA RATON FL 33496

81 Name Stone III, S. Robert

82 Street Address (P.O. Box Number is Not Acceptable)  
6200 Linton Blvd.

83

84 City Delray Beach, FL 85 Zip Code 33484

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 *S. Robert Stone III* S. Robert Stone III President

05/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME STONE, ROBERT III  
STREET ADDRESS 5779 NW 38TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE PD  Change  Addition  
1.2 NAME Stone III, S. Robert  
1.3 STREET ADDRESS 6200 Linton Blvd.  
1.4 CITY-ST-ZIP Delray Bch., Fl 33483

TITLE VD  DELETE  
NAME MINTZ, MICHAEL  
STREET ADDRESS 5791 NW 38TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE D  Change  Addition  
2.2 NAME William R. Laurie  
2.3 STREET ADDRESS 6200 Linton Blvd.  
2.4 CITY-ST-ZIP Delray Bch., Fl 33484

TITLE D  DELETE  
NAME CRACKNELL, FANNY  
STREET ADDRESS 2347 HAYLOFT CIRCLE  
CITY-ST-ZIP CHARLOTTE NC 28226

3.1 TITLE D  Change  Addition  
3.2 NAME Lory M. Johnston  
3.3 STREET ADDRESS 6200 Linton Blvd.  
3.4 CITY-ST-ZIP Delray Bch., Fl 33484

TITLE D  DELETE  
NAME HAUSMAN, ROBERT  
STREET ADDRESS 17221 -2 BOCA CLUB BLVD.  
CITY-ST-ZIP BOCA RATON FL 33487

4.1 TITLE D  Change  Addition  
4.2 NAME Douglas R. Laurie  
4.3 STREET ADDRESS 6200 Linton Blvd.  
4.4 CITY-ST-ZIP Delray Bch., Fl 33484

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *S. Robert Stone III* REQUIRED

05/25/99 (561) 495-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)