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95 JUL 20 PM 1:55

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N93000005653 (1)**

1. Corporation Name  
**BOCA RATON JEWISH COMMUNITY DAY SCHOOL, INC.**

Principal Place of Business: **6261 SW 18TH ST  
BOCA RATON FL 33433**  
Mailing Address: **% THOMAS O KATZ  
200 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/16/1993</b>	3a. Date of Last Report <b>08/11/1994</b>
4. FEI Number <b>65-0489297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	2b. Mailing Address <i>up Radey, Barnett</i> <b>200 E. Broward Blvd.</b> Suite Apt. #, etc. 27 <b>1500</b>
City & State 23	City & State 28 <b>FT. Lauderdale, FL</b>
Zip 24	Zip 29 <b>33301</b>
Country 25	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**KATZ, THOMAS O  
200 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

111 NAME	<b>D KATZ, THOMAS O</b>
112 STREET ADDRESS	<b>200 E BROWARD BLVD SUITE 1500</b>
113 CITY, ST, ZIP	<b>FT LAUDERDALE FL 33301</b>
121 NAME	<b>D COHEN, BRADLEY</b>
122 STREET ADDRESS	<b>3740 CANTERBURY WAY</b>
123 CITY, ST, ZIP	<b>BOCA RATON FL 33434</b>
131 NAME	<b>D MICHAUD, SCOTT</b>
132 STREET ADDRESS	<b>1515 N FEDERAL HWY SUITE 111</b>
133 CITY, ST, ZIP	<b>BOCA RATON FL 33432</b>

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

141 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
142 STREET ADDRESS	
143 CITY, ST, ZIP	
151 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
152 STREET ADDRESS	
153 CITY, ST, ZIP	
161 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
162 STREET ADDRESS	
163 CITY, ST, ZIP	
171 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
172 STREET ADDRESS	
173 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 119.12(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the executor 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 attached page with an address.

SIGNATURE: *Thomas O. Katz* **Thomas O. KATZ** Date: **2-27-95** *25-577-249*

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