

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 25 1997 8:00am  
 Secretary of State

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # N93000005653 (1)  
 1. Corporation Name

BOCA RATON JEWISH COMMUNITY DAY SCHOOL, INC.



Principal Place of Business Mailing Address  
 6261 SW 18TH ST % RUDEN BARNETT  
 BOCA RATON FL 33433 200 E BROWARD BLVD STE. 1500  
 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

25 Country

30 Country

3. Date Incorporated or Qualified  
 12/16/1993

3a. Date of Last Report  
 08/22/1996

4. FEI Number  
 65-0489297

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

8. This corporation owes or has paid the current year Intangible  
 Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE D  
 NAME KATZ, THOMAS O  
 STREET ADDRESS 200 E BROWARD BLVD SUITE 1500  
 CITY-ST-ZIP FT LAUDERDALE FL 33301

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE PD  
 NAME MICHAUD, DEBRA S  
 STREET ADDRESS 33 SE 8TH STREET  
 CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  
 NAME MICHAUD, SCOTT  
 STREET ADDRESS 33 SE 8TH STREET  
 CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED THOMAS O. KATZ 722-97 954-527-2419  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/97)