

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

98 JUL -7 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified: 12/16/1993  
 4. FEI Number: 65-0489297  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-84) fields for Name, Street Address, City, and State.

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

TITLE: D	NAME: KATZ, THOMAS O	DELETED: <input type="checkbox"/>
STREET ADDRESS: 200 E BROWARD BLVD SUITE 1500	CITY-ST-ZIP: FT LAUDERDALE FL 33301	
TITLE: PD	NAME: MICHAUD, DEBRA S	DELETED: <input type="checkbox"/>
STREET ADDRESS: 33 SE 8TH STREET	CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: D	NAME: MICHAUD, SCOTT	DELETED: <input type="checkbox"/>
STREET ADDRESS: 33 SE 8TH STREET	CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: [Blank]	NAME: [Blank]	DELETED: <input type="checkbox"/>
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	DELETED: <input type="checkbox"/>
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	DELETED: <input type="checkbox"/>
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
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.

SIGNATURE: \_\_\_\_\_ Date: 7-2-98 Daytime Phone #: 954-527-2419

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CR2E037 (5/98)