

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P94000088596 (9)**

1. Corporation Name  
**BOCA ACADEMY INC.**

Principal Place of Business: **1986 JOG RD. BOCA RATON, FL 33433**  
Mailing Address: **410 FGM + CO 280 PLANDOME RD. MANHASSET NY 11030**

3. Date Incorporated or Qualified: **12/7/94**  
3a. Date of Last Report: **5/1/95**  
4. FEI Number: **65-0546514**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

9. Name and Address of Current Registered Agent  
**EVANS, LAURIE P.  
328 MINORCA AVE  
COCA GABLES, FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and director, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ASTOR, PATRICIA</b>
STREET ADDRESS	<b>22354 SW 57 AVE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ASTOR, LIONEL</b>
STREET ADDRESS	<b>22354 SW 57 AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEINBERG, MARK</b>
STREET ADDRESS	<b>280 PLANDOME RD</b>
CITY-ST-ZIP	<b>MANHASSET NY 11030</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARK GUTTERMAN</b>
STREET ADDRESS	<b>280 PLANDOME RD</b>
CITY-ST-ZIP	<b>MANHASSET NY 11030</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, BURTON</b>
STREET ADDRESS	<b>280 PLANDOME RD</b>
CITY-ST-ZIP	<b>MANHASSET NY 11030</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>500001808845</b>
43 STREET ADDRESS	<b>-05/06/96--01030--021</b>
44 CITY-ST-ZIP	<b>***200.00</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/96** (516) 365-6600  
Telephone:

CR2E034 (12/95)