


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000088596 (9) 1. Corporation Name BOCA ACADEMY, INC.			
Principal Place of Business 19980 JOG RD BOCA RATON FL		Mailing Address C/O FGM & CO 280 PLANDOME ROAD MANHASSET NY 11030-2327	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 12/07/1994		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0546514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent EVANS, LAURIE P 328 MINORCA AVE CORAL 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 FL 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 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ASTOR, PATRICIA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22354 SW 57 AVE	1.2 NAME	
CITY - ST - ZIP	BOCA RATON FL 33433	1.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
NAME	ASTOR, LIONEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22354 SW 57 AVE	2.2 NAME	
CITY - ST - ZIP	BOCA RATON FL 33433	2.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
NAME	MEINBERG, MARK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	280 PLANDOME RD	3.2 NAME	
CITY - ST - ZIP	MANHASSET NY 11030	3.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME	GUTTERMAN, MARK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	280 PLANDOME RD	4.2 NAME	
CITY - ST - ZIP	MANHASSET NY 11030	4.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME	FELDMAN, BURTON	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	280 PLANDOME RD	5.2 NAME	
CITY - ST - ZIP	MANHASSET NY 11030	5.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Burton Feldman</u> 4/29/97 516-365-6600			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)