


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726878** (2)

1. Corporation Name

**BOCA RATON MUSEUM OF ART, INC.**



Principal Place of Business <b>801 WEST PALMETTO PARK ROAD BOCA RATON FL 33486-3563</b>	Mailing Address <b>801 WEST PALMETTO PARK ROAD BOCA RATON FL 33486-3563</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>07/05/1973</b>	3a. Date of Last Report <b>05/14/1996</b>
				4. FEI Number <b>59-6019851</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
				8. 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 <b>BOLGE, GEROGE 5220 NW 55TH ST BLDG 2 APT 304 COCONUT CREEK FL 33073</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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.

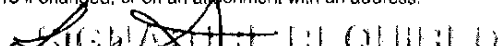
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABINER, GARY			1.2 NAME			
STREET ADDRESS	7012 QUEENFAIRY CIRCLE			1.3 STREET ADDRESS	7012 QUEENFERRY CIRCLE		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CODO, NORMAN			2.2 NAME			
STREET ADDRESS	1740 SABAL PALM DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLGIN, DR. WILLIAM			3.2 NAME			
STREET ADDRESS	2800 S. OCEAN BLVD.			3.3 STREET ADDRESS	2450. NW. 24TH COURT		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	TR., T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINTZ, LOREN			4.2 NAME			
STREET ADDRESS	7369 ORANGEWOOD LANE #202			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	V, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEPPE, HENRY			5.2 NAME	MARLENE POMERANZ		
STREET ADDRESS	1500 S. OCEAN BLVD.			5.3 STREET ADDRESS	10068 HARBORTOWN CT.		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	BOCA RATON, FL 33498		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	V, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FEIGL, KENNETH			6.2 NAME	JEAN SPENCE		
STREET ADDRESS	7402 PANACHE WAY			6.3 STREET ADDRESS	1220 N. OCEAN BLVD		
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-ST-ZIP	Gulf Stream FL 33483		

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:



4/24/97

CR2E037 (9/96)