

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 801 WEST PALMETTO PARK ROAD BOCA RATON FL 33486-3563	Mailing Address 801 WEST PALMETTO PARK ROAD BOCA RATON FL 33486-3563
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3. Date Incorporated or Qualified 07/05/1973	
4. FEI Number 59-6019851	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLGE, GEROGE
5220 NW 55TH ST
BLDG 2 APT 304
COCONUT CREEK FL 33073**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RABINER, GARY	
STREET ADDRESS	7012 QUEENFERRY CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CODO, NORMAN	
STREET ADDRESS	1740 SABAL PALM DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	WOLGIN, DR. WILLIAM	
STREET ADDRESS	3450 NW 24TH COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TRT	<input type="checkbox"/> DELETE
NAME	MINTZ, LOREN	
STREET ADDRESS	7369 ORANGEWOOD LANE #202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	POMERANZ, MARLENE	
STREET ADDRESS	10068 HARBORTOWN CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SPENCE, JEAN	
STREET ADDRESS	1220 N OCEAN BLVD	
CITY-ST-ZIP	GULF STREAM FL	

1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BORROW, JOSEPH	
1.3 STREET ADDRESS	4105 GEORGES WAY	
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33434	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

William Wolgin, President

4/24/98

CP2E037 (10/97)