

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 763325 (8)

1. Corporation Name

BOCA CENTURY SYMPHONY ORCHESTRA, INC.



Principal Place of Business

Mailing Address

~~G/O BENJAMIN L STEIN
1038 WOLVERTON B
BOCA RATON FL 33404-1515~~

1034 EXETER B
BOCA RATON, FL
33434

~~G/O BENJAMIN L STEIN
1038 WOLVERTON B
BOCA RATON FL 33434-1515~~

SYLVIA LEITNER
1034 EXETER B
BOCA RATON FL
33434

8. Date incorporated or Qualified
05/18/1982

3a. Date of Last Report
01/25/1995

21. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2071392

Applied For
 Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STEIN, BENJAMIN L
1038 WOLVERTON B
BOCA RATON FL 33434~~

LEITNER, SYLVIA
1034 EXETER B
BOCA RATON, FL 33434

81 Name **LEITNER, SYLVIA**
82 Street Address (P.O. Box Number is Not Acceptable) **1034 EXETER B**
83
84 City **BOCA RATON** FL 85 Zip Code **33434**

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 *Sylvia Leitner*

SYLVIA LEITNER

JUNE 6 1996

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	PD <input checked="" type="checkbox"/> DELETE
NAME	STEIN, BENJAMIN L
STREET ADDRESS	1038 WOLVERTON B
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	WASSERMAN, SEYMOUR
STREET ADDRESS	GUILDFORD E 482
CITY - ST - ZIP	BOCA RATON, FL 00000 33434
TITLE	TD <input type="checkbox"/> DELETE
NAME	LEITNER, SYLVIA
STREET ADDRESS	EXETER B 1034
CITY - ST - ZIP	BOCA RATON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HAIIDUCK, ADIE
STREET ADDRESS	NEWCASTLE A 1006
CITY - ST - ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALBOUM, BURT
STREET ADDRESS	AINSLIE D 2064
CITY - ST - ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MAKOWSKY, ALEX
STREET ADDRESS	40 FANSHAW A
CITY - ST - ZIP	BOCA RATON FL

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEITNER, FREDERICK
1.3 STREET ADDRESS	1034 EXETER B
1.4 CITY - ST - ZIP	BOCA RATON, FL 33434
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JABLON, CECILE
2.3 STREET ADDRESS	2037 REXFORD C
2.4 CITY - ST - ZIP	BOCA RATON, FL 33434
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sylvia Leitner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96
Date

561 483-0669
Daytime Phone #

CR2E037 (3/96)