


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90054 027 ****61.25

DOCUMENT # N03000004639	
1. Entity Name SCORE CHAPTER #412, INC.	

Principal Place of Business 7999 N FEDERAL HIGHWAY SUITE 201 BOCA RATON FL 33487	Mailing Address 7999 N FEDERAL HIGHWAY SUITE 201 BOCA RATON FL 33487
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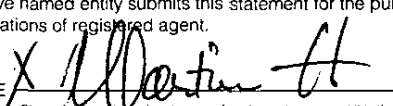
2. Principal Place of Business 799 N Federal Highway	3. Mailing Address 799 N. Federal Highway
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Boca Raton	City & State Boca Raton
Zip 33487	Country USA



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent RUBIN, MARTIN H 220 MACFARLANE DRIVE #PH2 DELRAY BEACH FL 33443	7. Name and Address of New Registered Agent Name MARTIN H. Rubin Street Address (P.O. Box Number is Not Acceptable) 220 MACFARLANE DRIVE #PH2 City DELRAY BEACH FL 33443
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN MARTIN RUBIN 220 MACFARLANE DRIVE #PH2 DELRAY BEACH, FL. 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE CHAIRMAN MARTIN FRANKLIN 23478 Torre Circle LAKE WORTH, FL. 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary GILBERT PELOVITZ 6429 SAND HILLS LAKE WORTH, FL. 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID KRAMER 3465 N.W. COURT BOCA RATON 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID KRAMER** 2/3/04 561-980-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #