


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90054 030 ***61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41549					
1. Corporation Name BOCA RATON LITERARY SOCIETY, INC.					
Principal Place of Business % NORTHERN TRUST CO. NORTHERN TRUST BANK 301 YAMATO RD BOCA RATON FL 33431-4929			Mailing Address % NORTHERN TRUST CO. NORTHERN TRUST BANK 301 YAMATO RD BOCA RATON FL 33431-4929		



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		3. Date Incorporated or Qualified 01/07/1991	
4. FEI Number 65-0252949		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"/>		7. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent SACHER, CHARLES P. 2655 LEJEUNE ROAD SUITE 1101 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 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, WILLIAM			1.2 NAME			
STREET ADDRESS	301 YAMATO RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGAN, DOUGLAS			2.2 NAME			
STREET ADDRESS	301 YAMATO ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERBUS JACQUELINE			3.2 NAME			
STREET ADDRESS	301 YAMATO ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, WILLIAM			4.2 NAME			
STREET ADDRESS	301 YAMATO RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGAN, DOUGLAS			5.2 NAME			
STREET ADDRESS	301 YAMATO ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			5.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERBUS JACQUELINE			6.2 NAME			
STREET ADDRESS	301 YAMATO ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____

CR2E037 (11/98)