

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005564 (0)

1. Corporation Name

ALL-STAR ACADEMY PRIVATE SCHOOL CORPORATION

Principal Place of Business

**6300 OLD CLINT MOORE ROAD
BOCA RATON FL 33496**

Mailing Address

**PO BOX 811360
BOCA RATON FL 33481
US**



3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0459054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

**STONE, S R III
6300 OLD CLINT MOORE ROAD
BOCA RATON FL 33496**

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

TITLE **P** ☐ DELETE
NAME **STONE, ROBERT III**
STREET ADDRESS **5779 NW 38TH TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VD** ☐ DELETE
NAME **MINTZ, MICHAEL**
STREET ADDRESS **5791 NW 38TH TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **SD** ☐ DELETE
NAME **SALVER, PAUL**
STREET ADDRESS **5881 NW 151ST STREET, SUITE 101**
CITY-ST-ZIP **MIAMI LAKE FL 33014**

TITLE **D** ☐ DELETE
NAME **CRACKNELL, FANNY**
STREET ADDRESS **2347 HAYLOFT CIRCLE**
CITY-ST-ZIP **CHARLOTTE NC 28226**

TITLE **D** ☐ DELETE
NAME **HAUSMAN, ROBERT**
STREET ADDRESS **17221 -2 BOCA CLUB BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ DELETE
NAME *Leon Galan*
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Leon Galan**
1.3 STREET ADDRESS **3400 GALT OCEAN DR**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FLA. 33308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(407) 241-3217

Daytime Phone #

CR2E037 (12/95)