

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 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 # **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	
2. Principal Place of Business 21 6200 LINTON BLVD		2a. Mailing Address 26 6200 LINTON BLVD		4. FEI Number 65-0459054	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 DELRAY BEACH FL		City & State 28 DELRAY BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33484		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 33484		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent STONE, S R III 6300 OLD CLINT MOORE ROAD BOCA RATON FL 33496		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable) 5779 NW 38 TERRACE			
		83			
		84 City BOCA RATON, FL 85 Zip Code 33496			
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, ROBERT III	1.2 NAME	
STREET ADDRESS	5779 NW 38TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZ, MICHAEL	2.2 NAME	
STREET ADDRESS	5791 NW 38TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVER, PAUL	3.2 NAME	
STREET ADDRESS	5881 NW 151ST STREET, SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKE FL 33014	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRACKNELL, FANNY	4.2 NAME	
STREET ADDRESS	2347 HAYLOFT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMAN, ROBERT	5.2 NAME	
STREET ADDRESS	17221 -2 BOCA CLUB BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABAY, LEON	6.2 NAME	
STREET ADDRESS	3400 GALT OCEAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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:

 **ROBERT STONE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/98

Daytime Phone # **495-7272**

CR2E037 (10/97)