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May 27, 1999 8:00 am
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05-27-1999 90007 049 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005564

1. Corporation Name

ALL-STAR ACADEMY PRIVATE SCHOOL CORPORATION

565673 - 90007 - 49

Principal Place of Business

6200 LINTON BLVD
 DELRAY BEACH FL 33484
 US

Mailing Address

6200 LINTON BLVD
 DELRAY BEACH FL 33484
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/06/1993

22 City & State

27 City & State

4. FEI Number
 65-0459054

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, S R III
 5779 NW 38 TERRACE
 BOCA RATON FL 33496

81 Name Stone III, S. Robert

82 Street Address (P.O. Box Number is Not Acceptable)
 6200 Linton Blvd.

83

84 City Delray Beach, FL 85 Zip Code 33484

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 *S. Robert Stone III* S. Robert Stone III President 05/25/99
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 DELETE
 NAME STONE, ROBERT III
 STREET ADDRESS 5779 NW 38TH TERRACE
 CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE PD Change Addition
 1.2 NAME Stone III, S. Robert
 1.3 STREET ADDRESS 6200 Linton Blvd.
 1.4 CITY-ST-ZIP Delray Bch., Fl 33483

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

2.1 TITLE D Change Addition
 2.2 NAME William R. Laurie
 2.3 STREET ADDRESS 6200 Linton Blvd.
 2.4 CITY-ST-ZIP Delray Bch., Fl 33484

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

3.1 TITLE D Change Addition
 3.2 NAME Lory M. Johnston
 3.3 STREET ADDRESS 6200 Linton Blvd.
 3.4 CITY-ST-ZIP Delray Bch., Fl 33484

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

4.1 TITLE D Change Addition
 4.2 NAME Douglas R. Laurie
 4.3 STREET ADDRESS 6200 Linton Blvd.
 4.4 CITY-ST-ZIP Delray Bch., Fl 33484

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: *S. Robert Stone III* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/25/99 (561) 495-7272

Date Daytime Phone #

CR2E037 (1/98)