


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90107 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006257					
1. Corporation Name BOCA RATON MUSIC STUDY CLUB, INC.					
Principal Place of Business 1312 LAKE DRIVE DELRAY BEACH FL 33444			Mailing Address 1312 LAKE DRIVE DELRAY BEACH FL 33444		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0452701	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TUTTLE, CONSTANCE 1312 LAKE DRIVE DELRAY BEACH FL 33444			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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	PD	<input checked="" type="checkbox"/> DELETE			
NAME	YAGER, JAN				
STREET ADDRESS	823 FORSYTH NE				
CITY-ST-ZIP	BOCA RATON FL 33487				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	SCHUEHLER, MARY				
STREET ADDRESS	828 FORSYTH ST				
CITY-ST-ZIP	BOCA RATON FL 33487				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	WALKER, HELEN				
STREET ADDRESS	3581 LAKEVIEW DR				
CITY-ST-ZIP	DELRAY BEACH FL 33445				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ABBOTT, RITA				
STREET ADDRESS	9 ROYAL PALM WAY #9-305				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TUTTLE, CONSTANCE				
STREET ADDRESS	1312 LAKE DRIVE				
CITY-ST-ZIP	DELRAY BEACH FL 33444				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	BAKER, DOROTHY				
STREET ADDRESS	410 NW 7TH ST				
CITY-ST-ZIP	DELRAY BEACH FL 33444				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	MARY SCHUEHLER				
1.3 STREET ADDRESS	828 FORSYTH ST				
1.4 CITY-ST-ZIP	BOCA RATON FL 33487				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (11/98)

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

Date

561-276-4651

Daytime Phone #