

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **738699** (8)
1. Corporation Name
FLANDERS O ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified **04/20/1977** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1783641	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
24	29		
Zip	Country		
24	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ronald Raible
6300 Park of Commerce Blvd.
Boca Raton, FL 33487

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	700001808137
84 City	-05706796--01016--002
	***245.00

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	KAPLAN, A. GUDDY	
STREET ADDRESS	KINGS PT. FLANDERS O 677	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERTZ, ABE	
STREET ADDRESS	KINGS PT. FLANDERS O 695	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, GERIE	
STREET ADDRESS	FLANDERS O 682	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, HARRIET	
STREET ADDRESS	712 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRSCHNER, SARAH	
STREET ADDRESS	FLANDERS O 673	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINBRUM, AL	
STREET ADDRESS	684 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD Harmon, Sid	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	675 Flanders O	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	-VPD Weinbrum, Al	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	684 Flanders O	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD Bernstein, G.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	682 Flanders O	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD Bernstein, G.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	-82 Flanders O	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DD Kaplan, A Guddy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	677 Flanders O	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DD Goldberg, E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	687 Flanders O	
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]* 3-29-96 9974095-
DATE: _____ DAYTIME PHONE #: _____

CR2E037 (12/95)