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FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.  
1061 SOUTH ROGERS CIRCLE  
BACO RATON FL 33487

2. Principal Place of Business  
21 Suite, Apt  
22 City & St  
23 Zip  
24 Zip 25 Zip 29 Country 30

6300 Park of Commerce Blvd  
PRIME MGMT. GROUP, INC.  
6300 PRK. OF COMMERCE BLVD  
BOCA RATON, FL. 33487

3. Date Incorporated or Qualified 04/20/1977  
3a. Date of Last Report 06/06/1996  
4. FEI Number 59-1783641  
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  
RAIBLE, RONALD  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent  
81 Na  
82 Str  
83  
84 City  
SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON, FL 33487  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD.
NAME	HARMON, SID	1.2 NAME	Weinbrum, Al
STREET ADDRESS	675 FLANDERS O	1.3 STREET ADDRESS	675 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach Fl
TITLE	VPD	2.1 TITLE	VD
NAME	WEINBRUM, AL	2.2 NAME	Guddy Kaplan
STREET ADDRESS	684 FLANDERS O	2.3 STREET ADDRESS	677 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach Fla
TITLE	SD	3.1 TITLE	SD
NAME	BERNSTEIN, G.	3.2 NAME	Harmon Sidney
STREET ADDRESS	682 FLANDERS O	3.3 STREET ADDRESS	675 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach Fla
TITLE	DD	4.1 TITLE	DD
NAME	KAPLAN, A. GUDDY	4.2 NAME	Bernstein, Geri
STREET ADDRESS	677 FLANDERS O	4.3 STREET ADDRESS	682 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach Fla
TITLE	DD	5.1 TITLE	
NAME	GOLDBERG, E.	5.2 NAME	
STREET ADDRESS	687 FLANDERS O	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DD
NAME	WEINBRUM, AL	6.2 NAME	Miller, E
STREET ADDRESS	684 FLANDERS O	6.3 STREET ADDRESS	699 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	Delray Beach Fla

14. I do 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: \_\_\_\_\_ DATE: 3-13-97 DAYTIME PHONE: 0039652

CR2E037 (9/96)