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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 738699

1. Corporation Name
FLANDERS O ASSOCIATION, INC.

Principal Place of Business: C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BACO RATON FL 33487 US
 Mailing Address: C/O PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BACO RATON FL 33487 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/20/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1783641
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29	\$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, SIDNEY	1.2 NAME	
STREET ADDRESS	675 FLANDERS O	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBRUM, AL	2.2 NAME	UPD Al Weinbrum
STREET ADDRESS	684 FLANDERS O	2.3 STREET ADDRESS	684 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, G.	3.2 NAME	T.D G. Bernstein
STREET ADDRESS	682 FLANDERS O	3.3 STREET ADDRESS	682 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, A. GUDDY	4.2 NAME	P Guddy Kaplan
STREET ADDRESS	677 FLANDERS O	4.3 STREET ADDRESS	677 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, EDITH	6.2 NAME	D Harriet + Klein
STREET ADDRESS	686 FLANDERS O	6.3 STREET ADDRESS	712 Flanders O
CITY-ST-ZIP	DELRAY BEACH FL 33484	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: *[Signature]* DATE: 2/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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