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 # 740531 (9)

1. Corporation Name

FLANDERS G ASSOCIATION, INC.

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **09/19/1977**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1819234** ☐ 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

SPILFOGEL, MORRIS
FLANDERS G-291 KINGS POINT
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

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 mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996		
TITLE	P	☐ DELETE	11 TITLE	AGENT	☐ Change ☒ Addition
NAME	SPILFOGEL, MORRIS		12 NAME	RAIBLE, RONALD	
STREET ADDRESS	KINGS PT. FLANDERS G 2919		13 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL		14 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, JACK		22 NAME		
STREET ADDRESS	KINGS PT. FLANDERS G 316		23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		24 CITY-ST-ZIP		
TITLE	S	☒ DELETE	31 TITLE	S	☐ Change ☒ Addition
NAME	COHEN, FRANCES		32 NAME	BROWNFELD, SHIRLEY	
STREET ADDRESS	332 FLANDERS G		33 STREET ADDRESS	292 FLANDERS G	
CITY-ST-ZIP	DELRAY BEACH FL		34 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LAX, FLORENCE		42 NAME	600001808186	
STREET ADDRESS	315 FLANDERS G		43 STREET ADDRESS	-05/06/96--01016--005	
CITY-ST-ZIP	DELRAY BEACH FL		44 CITY-ST-ZIP	***857.50	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ADELSON, HERMAN		52 NAME		
STREET ADDRESS	321 FLANDERS G		53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DE SOTO, RAYMOND		62 NAME	M.M.	
STREET ADDRESS	FLANDERS 5 330		63 STREET ADDRESS	3-14-96	
CITY-ST-ZIP	DELRAY BEACH FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: Morris Spilfogel 3-29-96 997045
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — OFFICER OR DIRECTOR — DATE — Daytime Phone #
MORRIS SPILFOGEL