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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 # **740531** (9)

1. Corporation Name

FLANDERS G ASSOCIATION, INC.



Principal Place of Business

**PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

Mailing Address

**PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487-2816**

2. Principal Place of Business

2a. Mailing Address

**PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487**

3. Date Incorporated or Qualified
09/19/1977

3a. Date of Last Report
05/01/1996

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

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	P	☐ DELETE
NAME	SPILFOGEL, MORRIS	
STREET ADDRESS	KINGS PT. FLANDERS G 2919	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	V	☐ DELETE
NAME	KAPLAN, JACK	
STREET ADDRESS	KINGS PT. FLANDERS G 316	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	S	☐ DELETE
NAME	BROWNFIELD, SHIRLEY	
STREET ADDRESS	292 FLANDERS G	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	DT	☐ DELETE
NAME	LAX, FLORENCE	
STREET ADDRESS	315 FLANDERS G	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	ADELSON, HERMAN	
STREET ADDRESS	321 FLANDERS G	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	DE SOTO, RAYMOND	
STREET ADDRESS	FLANDERS 5 330	
CITY - ST - ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☒ Change ☒ Addition
6.2 NAME	Martin Kramer
6.3 STREET ADDRESS	300 Flanders G
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:

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

444-3851

Mark 12/1997
Date Daytime Phone # **0039762**

CR2E037 (9/96)