


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90046 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 742378</b>					
1. Corporation Name <b>CAPRI H ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1978</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1848830</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>SCHAFFER, HELEN</b>		1.2 NAME				
STREET ADDRESS	<b>KINGS PT. CAPRI H 359</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>MINTZ, JEANETTE</b>		2.2 NAME				
STREET ADDRESS	<b>KINGS PT. CAPRI H 347</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>PODRIS, MARY</b>		3.2 NAME				
STREET ADDRESS	<b>KINGS PT. CAPRI H 339</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>CHESTER, HENRY</b>		4.2 NAME				
STREET ADDRESS	<b>KINGS PT. CAPRI 337</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>WINGRAD, PHILIP</b>		5.2 NAME	<b>Philip Winograd</b>			
STREET ADDRESS	<b>380 CAPRI H</b>		5.3 STREET ADDRESS	<b>381 Capri H</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>TAINSKY, MARTIN</b>		6.2 NAME				
STREET ADDRESS	<b>348 CAPRI H</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		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 REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)