NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742380

1. Corporation Name

CAPRI J ASSOCIATION, INC.

Principal Place of Business

BOCA RATON FL 33487

PRIME MANAGEMENT GROUP.INC. 6300 PARK OF COMMERCE BLVD

Mailing Address

PRIME MANAGEMENT GROUP.INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487

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

04-16-1999 90046 048 ****61.25



SWATT, MYRON 8300 PARK OF COMMERCE BLVD BDCA RATON FL 33487 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed raine of registered agent to am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed raine of registered agent to a familiar and registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed raine of registered agent and the applicative agent to a familiar and registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed raine of registered agent and the applicative agent and the applicative agent and the applicative. DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.2 TITLE DELETE 2.1 TITLE STD Change Additional Change Additi														
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Zip Country Zip Country Zip Country 6. Election Campaign Financing Added for Fees	23		28						v. Certificate of Status			F	ee Rec	uired
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name SWATT, MYRON 82 Street Address (P.O. Box Number is Not Acceptable) 83 DATE 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submitte this statement for the purpose of changing its 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, the above-named corporation submitte this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SI		Country		Zip	Cor	intry			6. Election Campaign	Financing 🖂		,		•
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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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Provided Statutes, Pro						83								
T1. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submitts 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 and the provisions of Section 617 0503. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD. OFFICERS AND DIRECTORS IN 12 TITLE PD. OBLETE 11. TITLE V OBLETE 13. TITLE V OBLETE 14. TITLE V OBLETE 15. STREET ADDRESS CITY-51-2P DELRAY BEACH FL 10. DELETE 11. TITLE V OBLETE 13. TITLE V OBLETE 14. TITLE V OBLETE 15. STREET ADDRESS CITY-51-2P DELRAY BEACH FL 10. DELETE 11. TITLE V OBLETE 11. TITLE V OBLETE 13. TITLE V OBLETE 14. TITLE V OBLETE 15. STREET ADDRESS CITY-51-2P DELRAY BEACH FL 10. DELETE 11. TITLE V OBLETE 11. TITLE V OBLETE 11. TITLE V OBLETE 13. TITLE V OBLETE 14. TITLE V OBLETE 15. STREET ADDRESS CITY-51-2P TITLE DD. OBLETE 11. TITLE DD. OBLETE 12. TITLE DD. OBLETE 13. TITLE DD. OBLETE 14. TITLE DD. OBLETE 14. TITLE DD. OBLETE 15. TITLE DD. OBLET	DOOM IN	101112 00107				84	City					85	Zin C	ode
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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