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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
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DOCUMENT # 743112

1. Corporation Name
BURGUNDY A ASSOCIATION, INC.

Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 06/02/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1866979
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KLEHOFSKY, DANIEL		1.2 NAME Dorothy OGUR	
STREET ADDRESS 19 BURGUNDY A		1.3 STREET ADDRESS 47 Burgundy A	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE V	DELETE	2.1 TITLE T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OGUR, HARRY		2.2 NAME Lenore Reizss	
STREET ADDRESS 17 BURGUNDY A		2.3 STREET ADDRESS 43 Burgundy A	
CITY-ST-ZIP DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEISMAH, BEATRICE		3.2 NAME Sylvia Berman	
STREET ADDRESS 17 BURGUNDY A		3.3 STREET ADDRESS G Burgundy A.	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REIZSS, EUGENE		4.2 NAME Reizss Eugene	
STREET ADDRESS 43 BURGUNDY A		4.3 STREET ADDRESS 43 Burgundy A	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP Delray Beach, FL 33484	
TITLE D	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEINBERG, SOL		5.2 NAME	
STREET ADDRESS KINGS PT. BURGUNDY A 4		5.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		5.4 CITY-ST-ZIP	
TITLE D	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZEIONTZ, SID		6.2 NAME	
STREET ADDRESS 42 BURGRUNDY A		6.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		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 2-10-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)