

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743710 (6)  
1. Corporation Name  
**BURGUNDY P ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **07/25/1978** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1880550** 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

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

9. Name and Address of Current Registered Agent  
**RAIBLE, RONALD  
1051 S. ROGERS CIR.  
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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KAPLAN, DOROTHY R.</b>	
STREET ADDRESS	<b>BURGUNDY P 726</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GILMAN, IDA</b>	
STREET ADDRESS	<b>723 BURGUNDY P</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BROADY, SYLVIA</b>	
STREET ADDRESS	<b>BURGUNDY P 739</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBIN, SAM.</b>	
STREET ADDRESS	<b>KINGS PT. BURGUNDY P 724</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, LEO</b>	
STREET ADDRESS	<b>KINGS PT. BURGUNDY P 731</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KLEINER, BEATRICE</b>	
STREET ADDRESS	<b>BURGUNDY P 743</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>AGENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>RAIBLE, RONALD</b>	
13 STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>	
14 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	<b>600001808146</b>	
44 CITY-ST-ZIP	<b>-05/06/96--01016--003</b>	
	<b>***857.50</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>D</b>	
63 STREET ADDRESS	<b>WECHSLER, ARCHIE</b>	
64 CITY-ST-ZIP	<b>730 BURGUNDY P</b>	
	<b>DELRAY BEACH FL</b>	

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)(k), 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: Dorothy R. Kaplan 3/28/96 9974045-0  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)