

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743712 (2)  
1. Corporation Name  
FLANDERS A 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 59-1886746 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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
RAIBLE, RONALD  
1051 S. ROGERS CIR.  
BOCA RATON FL 33487  
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 officer 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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERTER, IRVING I.	12 NAME	RAIBLE, RONALD
STREET ADDRESS	46 FLANDERS A	13 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VT <input type="checkbox"/> DELETE	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, HYMAN	22 NAME	CALDERON, HYMAN
STREET ADDRESS	44 FLANDERS A	23 STREET ADDRESS	44 FLANDERS A
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIN, ROSE	32 NAME	FAIN, ROSE
STREET ADDRESS	KINGS PT. FLANDERS A 41	33 STREET ADDRESS	41 FLANDERS A
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELBERG, IRVING	42 NAME	
STREET ADDRESS	28 FLANDERS A	43 STREET ADDRESS	200001808192
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	-05/06/96--01016--005
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLES, ROSE	52 NAME	***857.50
STREET ADDRESS	FLANDERS A 21	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERBERG, ISADORE	62 NAME	DRUSKIN, ROSEMARY
STREET ADDRESS	12 FLANDERS A	63 STREET ADDRESS	7 FLANDERS A
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP	

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: *Irving Venter* NAME OF SIGNING OFFICER OR DIRECTOR: IRVING VENTER  
Date: 3-29-96 Daytime Phone #: 9974045

CR2E037 (12/95)