

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744901

(0)

1. Corporation Name

BURGUNDY E ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified
11/13/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1909210

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 800001808218

84 City -05/06/96--01016--007

***857.50

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

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
NAME	BECKERMAN, AARON	
STREET ADDRESS	KINGS PT. BURGUNDY E 206	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINE, SAUL	
STREET ADDRESS	KINGS PT. E 225	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOKITZ, RUTH	
STREET ADDRESS	KINGS PT. BURGUNDY D 226	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOKITZ, SIDNEY	
STREET ADDRESS	KINGS PT. BURGUNDY E 226	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, SIDNEY	
STREET ADDRESS	KINGS PT. BURGUNDY E 200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIEGER, MAX	
STREET ADDRESS	KINGS PT. BURGUNDY E 199	
CITY - ST - ZIP	DELRAY BEACH FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BECKERMAN, AARON	
1.3 STREET ADDRESS	206 BURGUNDY E	
1.4 CITY - ST - ZIP	DELRAY BEACH FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEVINE, SAUL	
2.3 STREET ADDRESS	225 BURGUNDY E	
2.4 CITY - ST - ZIP	DELRAY BEACH FL	
3.1 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAIBLE, RONALD	
3.3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
4.1 TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOKITZ, SIDNEY	
4.3 STREET ADDRESS	226 BURGUNDY E	
4.4 CITY - ST - ZIP	DELRAY BEACH FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHAMAH, STANLEY	
5.3 STREET ADDRESS	217 BURGUNDY E	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Saul Levine
Saul Levine

PRINTED NAME OF OFFICER OR DIRECTOR

3-28-96

DATE

9974045-96

Daytime Phone #

CR2E037 (12/95)