

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744902** (8)

1. Corporation Name  
**BURGUNDY K ASSOCIATION, INC.**



Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487</b>	Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487-2816</b>
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3. Date Incorporated or Qualified <b>11/13/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1903176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt #, etc <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> <b>PRIME MGMT. GROUP, INC. 6300 PRK. OF COMMERCE BLVD BOCA RATON, FL. 33487</b>
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9. Name and Address of Current Registered Agent <b>RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487</b>	10. Name and Address of New Registered Agent <b>81</b> Na <b>82</b> Str <b>SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487</b> <b>83</b> <b>84</b> City <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0603 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 **3/6/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VT TANENBAUM, PHYLLIS</b>	1.2 NAME	
STREET ADDRESS	<b>521 BURGUNDY K</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P RISTIANO, CONNIE</b>	2.2 NAME	
STREET ADDRESS	<b>505 BURGUNDY K</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SOLOMON, MANNY</b>	3.2 NAME	
STREET ADDRESS	<b>489 BURGUNDY K</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SPIEGEL, STANLEY</b>	4.2 NAME	
STREET ADDRESS	<b>503 BURGUNDY K</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FELDMAN, GOLDIE</b>	5.2 NAME	
STREET ADDRESS	<b>516 BURGUNDY K</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>DO Selma Bratman</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>486 Burgundy K</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>DeLray Beach Fla</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: CORPORATION REQUIRED 3-13-97 499-7653  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039769

CR2E037 (9/96)