


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **745344** (2)

BURGUNDY N ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

95 MAY -1 AM 11:46

Principal Place of Business: **PRIME MANAGEMENT GROUP, INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

Mailing Address: **PRIME MANAGEMENT GROUP, INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

2. Principal Place of Business: 2a. Mailing Address

21. Suite, Apt # etc: 26. Suite, Apt # etc

22. City & State: 27. City & State

23. Zip: 25. Country: 28. Zip: 30. Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/22/1978** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1915651** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME AND ADDRESS	TITLE	NAME AND ADDRESS
O	HIRSH, CLAIRE KINGS PT. BURGUNDY N 660 DELRAY BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Hirsh, Claire 1051 Burgundy N Delray Beach, FL 33484
V	SHADOWDKY, IDA KINGS PT. BURGUNDY N 671 DELRAY BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Shadowsky, Ida 1051 Burgundy N Delray Beach, FL 33484
S	BECKERMAN, HARRIET KINGS PT. BURGUNDY N 688 DELRAY BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD	WAGNER, IRWIN KINGS PT. BURGUNDY N 634 DELRAY BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD Naylor Sylvia 1051 Burgundy N Delray Beach, FL 33484
D	NADLER, SYLVIA KINGS PT. BURGUNDY N 670 DELRAY BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Nadler, Rita 1051 Burgundy N Delray Beach, FL 33484
D	SCHATTEN, SYLVIA KINGS PT. BURGUNDY N 643 DELRAY BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(1)(b) 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Claire Hirsh - CLAIRE HIRSH** 3/8/95 499-7349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR