

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathrum
Secretary of State
Division of Corporations

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:46

DOCUMENT # **745987** (8)

BURGUNDY F ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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**

3. Date incorporated or Qualified: **02/16/1979** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1934122** 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 intangibles under S. 199.032, Florida Statutes: Yes No

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

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

22. City & State: 27. City & State

23. Zip: 25. Country: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**SCHWARTZ, MARIAN
KINGS POINT, BURGUNDY F253
DELRAY BEACH FL 33484**

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: _____ (Signature of Registered Agent or Registered Agent Transferee)

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: LEVINE, EUGENE
STREET ADDRESS: KINGS PT. BURGUNDY F 264	CITY, ST, ZIP: DELRAY BEACH FL
TITLE: V	NAME: CUCCE, THOMAS
STREET ADDRESS: KINGS PT. BURGUNDY F 262	CITY, ST, ZIP: DELRAY BEACH FL
TITLE: S	NAME: WERTMAN, RUTH
STREET ADDRESS: KINGS PT. BURGUNDY F 260	CITY, ST, ZIP: DELRAY BEACH FL
TITLE: TD	NAME: SCHWARTZ, MARIAN
STREET ADDRESS: KINGS PT. BURGUNDY F 253	CITY, ST, ZIP: DELRAY BEACH FL
TITLE: D	NAME: BERG, PETER
STREET ADDRESS: KINGS PT. BURGUNDY F 247	CITY, ST, ZIP: DELRAY BEACH FL
TITLE: D	NAME: BERMAN, JACK
STREET ADDRESS: KINGS PT. BURGUNDY F 259	CITY, ST, ZIP: DELRAY BEACH FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12. NAME: _____	
13. STREET ADDRESS: _____	
14. CITY, ST, ZIP: _____	
21. TITLE: _____	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
22. NAME: Verstel, Emeric F	
23. STREET ADDRESS: 247 Burgundy F	
24. CITY, ST, ZIP: Delray Bch, FL 33484	
31. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
32. NAME: _____	
33. STREET ADDRESS: _____	
34. CITY, ST, ZIP: _____	
41. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
42. NAME: _____	
43. STREET ADDRESS: _____	
44. CITY, ST, ZIP: _____	
51. TITLE: _____	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
52. NAME: Cuce, Thomas	
53. STREET ADDRESS: 247 Burgundy F	
54. CITY, ST, ZIP: Delray Bch, FL 33484	
61. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
62. NAME: _____	
63. STREET ADDRESS: _____	
64. CITY, ST, ZIP: _____	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.03(3)(b), Florida Statutes. I further certify that the information submitted 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 person 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 addition listed with an addition.

SIGNATURE: *Eugene Levine* Eugene Levine 3/8/95 495-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)