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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 745987 (8)

1. Corporation Name
BURGUNDY F ASSOCIATION, INC.



Principal Place of Business Mailing Address
PRIME MANAGEMENT GROUP INC.
1061 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487
PRIME MANAGEMENT GROUP INC.
1061 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487-2816

6300 Park of Commerce Blvd

2. Principal Place of Business Mailing Address
21 Suite, Apt # PRIME MGMT. GROUP, INC.
22 City & State 6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL 33487

23 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 02/16/1979
3a. Date of Last Report 05/01/1996
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
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

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

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 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	LEVINE, EUGENE	
STREET ADDRESS	KINGS PT. BURGUNDY F 264	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GERSTEL, EMERIC	
STREET ADDRESS	244 BURGUNDY F	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WERTMAN, RUTH	
STREET ADDRESS	KINGS PT. BURGUNDY F 260	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MARIAN	
STREET ADDRESS	KINGS PT. BURGUNDY F 253	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUCE, THOMAS	
STREET ADDRESS	262 BURGUNDY F	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERMAN, JACK	
STREET ADDRESS	KINGS PT. BURGUNDY F 259	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 does not qualify for the exemption stated in Section 119.07(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: *Eugene Levine* REQUIRED 3/12/97

CR2E037 (9/96)