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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745990

(2)

1. Corporation Name

CAPRI 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD P.
1051 S ROGERS CIR
BOCA RATON FL 33487

81 Name

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

83

84 City

500001808155
-05/06/96--01016--003
***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

NAME

HALL, HOWARD

STREET ADDRESS

KINGS PT. CAPRI E 201

CITY-ST-ZIP

DELRAY BEACH FL 33484

TITLE

VP

NAME

FRADIN, LOU

STREET ADDRESS

KINGS PT. CAPRI E 229

CITY-ST-ZIP

DELRAY BEACH FL 33484

TITLE

S

NAME

KAPLAN, ROSE

STREET ADDRESS

KINGS PT. CAPRI E 211

CITY-ST-ZIP

DELRAY BEACH FL 33484

TITLE

TD

NAME

KIRSCH, LEON

STREET ADDRESS

KINGS PT. CAPRI E 193

CITY-ST-ZIP

DELRAY BEACH FL 33484

TITLE

D

NAME

GERSHENSON, AL

STREET ADDRESS

KINGS PT. CAPRI E 202

CITY-ST-ZIP

DELRAY BEACH FL 33484

TITLE

D

NAME

INSUIK, BERNICE

STREET ADDRESS

KINGS PT. CAPRI E 221

CITY-ST-ZIP

DELRAY BEACH FL 33484

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

P

LEBED, MEYER

212 CAPRI E

delray beach fl

V

KAPLAN, ROSE

211 CAPRI E

DELRAY BEACH FL

S

BOGARTZ, JOSEPH

200 CAPRI E

DELRAY BEACH FL

T

SOLOMON, LAWRENCE

231 CAPRI E

DELRAY BEACH FL

AGENT

RAIBLE, RONALD

6300 PARK OF COMMERCE

BOCA RATON, FL 33487

T

FENTIN, LEON

216 CAPRI E

DELRAY BEACH FL

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 additional address.

SIGNATURE:

Joseph Bogartz

OR DIRECTOR

3-28-96

Date

9974045

Daytime Phone #

CR2E037 (12/95)