

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746641 (0)

1. Corporation Name

CAPRI A ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified 04/05/1979	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1953442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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 300001808193 -05/06/96--01016--005	84 City ***857.50	85 Zip Code FL
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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 registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
P	GRIEF, ALVIN	41 CAPRI A	DELRAY BEACH FL	V	KELSNER, RUTH	4 CAPRI A	DELRAY BEACH FL
V	WEISS, LESTER	7 CAPRI A	DELRAY BEACH FL	P	WEISS, LESTER	7 CAPRI A	DELRAY BEACH FL
SD	BERELSON, JAONNE	44 CAPRI A	DELRAY BEACH FL	D	ROSSENSON, DANIEL	5 CAPRI A	DELRAY BEACH FL
T	ROSENBERG, PAUL	KINGS PT. CAPRI A 8	DELRAY BEACH FL	P	ROSEN, ESTELLE	11 CAPRI A	
D	FORREST, JOSEPH	4 CAPRI A	DELRAY BEACH FL	T	FORREST, JOSEPH	17 CAPRI A	DELRAY BEACH FL
D	PETERS, BEN	KINGS PT. CAPRI A 25	DELRAY BEACH FL	PD	PETERS, BEN	25 CAPRI A	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 attachment with an address

SIGNATURE:

Estelle P. Rosen
Estelle Rosen

3-28-96

997-4045

CR2E037 (12/95)