


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746641
1. Corporation Name
CAPRI A, ASSOCIATION, INC

Principal Place of Business Mailing Address
Prime Management
6300 Park of Commerce Blvd
Boca Raton, Fla. 33487
Prime Management
6300 Park of Commerce Blvd
Boca Raton, Fla 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	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-1953442	Applied For 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	

9. Name and Address of Current Registered Agent

81 Name	SWATT, MYRON
82 Street Address (P.O. Box Number is Not Acceptable)	6300 Park of Commerce Blvd
83	
84 City	Boca Raton
85 FL Zip Code	33487

10. Name and Address of New Registered Agent

81 Name	SWATT, MYRON
82 Street Address (P.O. Box Number is Not Acceptable)	6300 Park of Commerce Blvd
83	
84 City	Boca Raton
85 FL Zip Code	33487

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] DATE 6/4/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Weiss, Lester	
STREET ADDRESS	7 Capri A	
CITY-ST-ZIP	Delray Beach, Fla	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Peters, Ben	
STREET ADDRESS	25 Capri A	
CITY-ST-ZIP	Delray Beach, Fla	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Feinman, Sara	
STREET ADDRESS	14 Capri A	
CITY-ST-ZIP	Delray Beach, Fla	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Forrest, Joseph	
STREET ADDRESS	17 Capri A	
CITY-ST-ZIP	Delray Beach, Fla	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	Fader, Michael	
STREET ADDRESS	19 Capri A	
CITY-ST-ZIP	Delray Beach, Fla	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	Lazarus, Mitchell	
STREET ADDRESS	8 Capri A	
CITY-ST-ZIP	Delray Beach, Fla	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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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: [Signature] DATE 5/5/97 DAYTIME PHONE # 496-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)