

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 746642 (8)

1. Corporation Name
CAPRI B ASSOCIATION, INC.



Principal Place of Business Mailing Address
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 **59-1965624** 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

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 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
6300 Park of Commerce Blvd.
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
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	KRULEWITZ, HARRY
STREET ADDRESS	KINGS PT. CAPRI B 89
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KURZ, EGON
STREET ADDRESS	CAPRI B 50
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LEONARD, ANN
STREET ADDRESS	66 CAPRI B
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BERG, SYLVIA
STREET ADDRESS	KINGS PT. CAPRI B 86
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLACK, BEA
STREET ADDRESS	KINGS PT. CAPRI B 70
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD Krulewitz, Harry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	89 Capri B
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Egon Kurz
2.3 STREET ADDRESS	VPD 50 Capri B
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Blechman, Eunice
3.3 STREET ADDRESS	73 Capri B
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Berg, Sylvia
4.3 STREET ADDRESS	86 Capri B
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600001808136
5.3 STREET ADDRESS	-05/06/96--01016--002
5.4 CITY-ST-ZIP	***245.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DD Black, Beatrice
6.3 STREET ADDRESS	70 Capri B
6.4 CITY-ST-ZIP	

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: *[Signature]*
HARRY KRULEWITZ OFFICER OR DIRECTOR

3-28-96 997-4045
Date Daytime Phone #

CR2E037 (12/95)