

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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.  
1061 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487  
C/O 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. #, etc.  
22 City & State  
23 Zip  
24 County  
25  
29  
30  
PRIME MGMT. GROUP, INC.  
6300 PRK. OF COMMERCE BLVD  
BOCA RATON, FL. 33487

3. Date Incorporated or Qualified 04/05/1979  
3a. Date of Last Report 06/06/1996  
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

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  
83  
84 City  
SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON, FL 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 \_\_\_\_\_ DATE 3/14/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRULWITZ, HARRY	
STREET ADDRESS	89 CAPRI B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KURZ, EGON	
STREET ADDRESS	50 CAPRI B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLECHMAN, EUNICE	
STREET ADDRESS	73 CAPRI B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERG, SYLVIA	
STREET ADDRESS	86 CAPRI B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	BLACK, BEATRICE	
STREET ADDRESS	70 CAPRI B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	Vick, Blanche
4.3 STREET ADDRESS	61 Capri B
4.4 CITY-ST-ZIP	DeLray Beach Fla
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)(l), 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: Stagnat De Bloued DATE: 3/14/97  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039773

CR2E037 (9/96)