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May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746643

(6)

1. Corporation Name

CAPRI F ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487-2816

6300 Park of Commerce Blvd

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/05/19793a. Date of Last Report
05/01/19964. FEI Number
59-1972477Applied For
Not Applicable

6. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
NAME KIPRAIS, JACK
STREET ADDRESS 288 CAPRI E
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE1.1 TITLE
1.2 NAME DD. Weinstein, Dan
1.3 STREET ADDRESS 276 Capri F
1.4 CITY-ST-ZIP Delray Beach, Fla
☐ Change ☒ AdditionD
NAME KLATSKY, MAC
STREET ADDRESS 281 CAPRI E
CITY-ST-ZIP DELRAY BCH FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionDS
NAME BIAL, NORMAN
STREET ADDRESS 247 CAPRI F
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE3.1 TITLE
3.2 NAME PB Bial, Norman
3.3 STREET ADDRESS 247 Capri F
3.4 CITY-ST-ZIP Delray Beach, Fla
☒ Change ☐ AdditionT
NAME BARASH, MILTON
STREET ADDRESS CAPRI F 257
CITY-ST-ZIP DELRAY BEACH FL
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionV
NAME SINGER, IRVING
STREET ADDRESS 253 CAPRI E
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE5.1 TITLE
5.2 NAME VD Weinstein, Dan
5.3 STREET ADDRESS 276 Capri F
5.4 CITY-ST-ZIP Delray Beach, Fla
☐ Change ☒ AdditionS
NAME MASCOOP, PEARL
STREET ADDRESS 271 CAPRI E
CITY-ST-ZIP DELRAY BCH. FL
☒ DELETE6.1 TITLE
6.2 NAME SD Koch, Iris
6.3 STREET ADDRESS 284 Capri F
6.4 CITY-ST-ZIP Delray Beach, Fla
☐ Change ☒ Addition

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 REQUIRED

Date

Daytime Phone # 0039772

CR2E037 (9/96)