

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
CORPORATION DIVISION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:47

DOCUMENT # **746718** (6)
NORMANDY B ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Making Address
PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified **04/11/1979** 3a. Date of Last Report **03/24/1994**
 4. FEI Number **59-2053339** 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**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Making Address
 21 State, Apt # etc: 26 State, Apt # etc:
 22 City & State: 27 City & State:
 23 Zip Country: 28 Zip Country:
 24 25 29 30

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
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVESTRI, STAN	12 NAME	
STREET ADDRESS	NORMANDY B 57	13 STREET ADDRESS	
CITY, ST, ZIP	DELAY BEACH FL	14 CITY, ST, ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMBERG, BILL	22 NAME	
STREET ADDRESS	NORMANDY B 50	23 STREET ADDRESS	
CITY, ST, ZIP	DELAY BEACH FL	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDER, IDA	32 NAME	
STREET ADDRESS	NORMANDY B 89	33 STREET ADDRESS	
CITY, ST, ZIP	DELAY BEACH FL	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMELS, MARVIN	42 NAME	
STREET ADDRESS	NORMANDY B 78	43 STREET ADDRESS	
CITY, ST, ZIP	DELAY BEACH FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, STAN	52 NAME	
STREET ADDRESS	KINGS PT. NORMANDY B 95	53 STREET ADDRESS	
CITY, ST, ZIP	DELAY BEACH FL	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, HELEN	62 NAME	
STREET ADDRESS	KINGS PT. NORMANDY B 81	63 STREET ADDRESS	
CITY, ST, ZIP	DELAY BEACH FL	64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(b), Florida Statutes. Further, I 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 in an attachment with an address.

SIGNATURE: *Stanford Silvestri* **STANFORD SILVESTRI** 3-9-95 445-1717
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #