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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 # 746767 (3)

1. Corporation Name  
NORMANDY F ASSOCIATION, INC.

Principal Place of Business Mailing Address  
PRIME MANAGEMENT GROUP, INC.  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487  
PRIME MANAGEMENT GROUP, INC.  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487-2818



3. Date Incorporated or Qualified 04/17/1979  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2004495  
Applied For Not Applicable

21 Suite, Apt  
22 City & S  
23 Zip  
PRIME MGMT. GROUP, INC.  
6300 PRK. OF COMMERCE BLVD  
BOCA RATON, FL. 33487

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Country 29 30 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  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name  
82 Street  
83  
84 City,  
SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON, FL 33487  
FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ABRAMOWITZ, HARRY	
STREET ADDRESS	242 NORMANDY F	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHULMAN, MOREY	
STREET ADDRESS	247 NROMANDY F	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERMAN, SYLVIA	
STREET ADDRESS	270 NORMANDY F	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOTMAN, JOE	
STREET ADDRESS	288 NORMANDY F	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OVITSKY, FAY	
STREET ADDRESS	KINGS PT. NORMANDY F 272	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOTT, SYLVIA	
STREET ADDRESS	244 NORMANDY F	
CITY-ST-ZIP	DELRAY BCH FL	

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	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sam Aterman
5.3 STREET ADDRESS	275 Normandy F
5.4 CITY-ST-ZIP	Delray Beach Fla
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)(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: *Harry Abramowitz* 3/10/97 - 495-8206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039795

CR2E037 (9/96)