

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0400

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:48

DOCUMENT # **746858** (0)
1. Corporation Name:
NORMANDY J ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1979** 3a. Date of Last Report: **03/24/1994**

4. FEI Number: **59-1953437** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contributor: \$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. Mailing Address

21. State, Apt. #, etc.: 26. State, Apt. #, etc.

22. City & State: 27. City & State

23. Zip: 28. Zip

24. Country: 25. Country: 29. Country: 30. Country

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 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 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE: P	WEINBERG, SAMUEL
NAME:	KINGS PT. NORMANDY J 438
STREET ADDRESS:	DELRAY BEACH FL
CITY, ST, ZIP:	
TITLE: V	LEVINE, SAM
NAME:	KINGS PT. NORMANDY J 434
STREET ADDRESS:	DELRAY BEACH FL
CITY, ST, ZIP:	
TITLE: ST	MONK, LENORE
NAME:	KINGS PT. NORMANDY J 454
STREET ADDRESS:	DELRAY BEACH FL
CITY, ST, ZIP:	
TITLE: D	KALTER, AL
NAME:	NORMANDY J 461
STREET ADDRESS:	DELRAY BEACH FL
CITY, ST, ZIP:	
TITLE: D	PRESS, ARTHUR
NAME:	KINGS PT. NORMANDY J 455
STREET ADDRESS:	DELRAY BEACH FL
CITY, ST, ZIP:	
TITLE: D	EISEMAN, BEN
NAME:	NORMANDY J 460
STREET ADDRESS:	DELRAY BEACH FL
CITY, ST, ZIP:	

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

11. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME:	
13. STREET ADDRESS:	
14. CITY, ST, ZIP:	
15. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME:	Levine, Sam
17. STREET ADDRESS:	1051 Northw. Blvd J
18. CITY, ST, ZIP:	DeLray Bch, FL 33487
19. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME:	
21. STREET ADDRESS:	
22. CITY, ST, ZIP:	
23. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME:	
25. STREET ADDRESS:	
26. CITY, ST, ZIP:	
27. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME:	
29. STREET ADDRESS:	
30. 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: *Samuel Weinberg* **SAMUEL WEINBERG** 3/8/8 271-9978
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR