

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified **04/23/1979** 3a. Date of Last Report **05/01/1995**
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 Contribution **\$5.00 May Be Added to Fees**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 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 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEINBERG, SAMUEL	
STREET ADDRESS	KINGS PT. NORMANDY J 438	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, DAH	
STREET ADDRESS	434 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MONK, LENORE	
STREET ADDRESS	KINGS PT. NORMANDY J 454	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALTER, AL	
STREET ADDRESS	NORMANDY J 461	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRESS, ARTHUR	
STREET ADDRESS	KINGS PT. NORMANDY J 455	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EISEMAN, BEN	
STREET ADDRESS	NORMANDY J 460	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAIBLE, RONALD	
1.3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NUREMBERG, IRVING	
2.3 STREET ADDRESS	473 NORMANDY J	
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	000001808150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-05/06/96--01016--003	
4.3 STREET ADDRESS	***857.50	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLSTEIN, HELEN	
5.3 STREET ADDRESS	452 NORMANDY J	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	M.M.	
6.3 STREET ADDRESS		
6.4 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: Irving Nuremberg **3-29-96** **9974045**
DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)