

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746963 (8)**  
 1. Corporation Name  
**NORMANDY S ASSOCIATION, INC.**

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1979**      3a. Date of Last Report **03/24/1994**

4. FEI Number **59-1951431**      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

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 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	<b>P</b>
NAME	<b>COHEN, DAVID</b>
STREET ADDRESS	<b>KINGS PT NORMANDY 883</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>V</b>
NAME	<b>GOLDMAN, LEONARD</b>
STREET ADDRESS	<b>KINGS PT NORMANDY 874</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>ROGOFF, TESS</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY S 879</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>KARGER, JACK</b>
STREET ADDRESS	<b>KINGS PT NORMANDY S 905</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>LEVY, JOCELYN</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY S 869</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SINGER, HORTENSE</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY S 898</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL</b>

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Sid Max</b>
3.3 STREET ADDRESS	<b>881 Normandy S</b>
3.4 CITY, ST, ZIP	<b>Delray Bch. FL 33484</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Duffe Sid</b>
5.3 STREET ADDRESS	<b>899 Normandy S</b>
5.4 CITY, ST, ZIP	<b>Delray Bch. FL 33484</b>
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 am hereby certifying 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: *[Signature]*      3-9-95      448-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR