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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:48

DOCUMENT # **749478** (4)

1. Corporation Name
PIEDMONT "A" ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/23/1979	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2029116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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: _____ (Type or print name of person who is registered agent and the corporation's president or secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME MORRISON, ROBERT STREET ADDRESS PIEDMONT A 19 CITY, ST, ZIP DELRAY BEACH FL	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Salamoff, Dan 43 Piedmont A Delray Bch, FL 33484
TITLE VS	NAME STAVOLA, MICHAEL STREET ADDRESS PIEDMONT A 30 CITY, ST, ZIP DELRAY BEACH FL	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Dohy, Joseph 30 Piedmont A Delray Bch, FL 33484
TITLE T	NAME TAMES, ADELINE STREET ADDRESS PIEDMONT A 46 CITY, ST, ZIP DELRAY BEACH FL	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Prager, Berhard 37 Piedmont A Delray Bch, FL 33484
TITLE D	NAME STONE, ABRAHAM STREET ADDRESS PIEDMONT A 47 CITY, ST, ZIP DELRAY BEACH FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME PRAGER, BERNARD STREET ADDRESS PIEDMONT A 18 CITY, ST, ZIP DELRAY BEACH FL	51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Ammetaro, Leah 36 Piedmont A Delray Bch, FL 33484
TITLE D	NAME KRAMER, JACK STREET ADDRESS PIEDMONT A 25 CITY, ST, ZIP DELRAY BEACH FL	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(6)(b), Florida Statutes. I further certify that the information included 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 an attachment with an address.

SIGNATURE: *[Signature]* DANIEL SALAMOFF President
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR