

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749478 (4)
1. Corporation Name
PIEDMONT 'A' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 10/23/1979
3a. Date of Last Report 05/01/1995
4. FEI Number 59-2029116
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

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 NAME SALAMOFF, DAH DELETED
STREET ADDRESS 43 NORMANDY A
CITY-ST-ZIP DELRAY BEACH FL
TITLE S NAME DONN, JOSEPH
STREET ADDRESS 24 PIEDMONT A
CITY-ST-ZIP DELRAY BEACH FL
TITLE T NAME PRAGA, BERNARD
STREET ADDRESS 37 PIEDMONT A
CITY-ST-ZIP DELRAY BEACH FL
TITLE D NAME STONE, ABRAHAM
STREET ADDRESS PIEDMONT A 47
CITY-ST-ZIP DELRAY BEACH FL
TITLE D NAME HIMMELFARB, JEAN
STREET ADDRESS 36 PIEDMONT A
CITY-ST-ZIP DELRAY BEACH FL
TITLE D NAME KRAMER, JACK
STREET ADDRESS PIEDMONT A 25
CITY-ST-ZIP DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE S Change Addition
12 NAME SCHWIMMER, FLORENCE
13 STREET ADDRESS 5 PIEDMONT A
14 CITY-ST-ZIP
21 TITLE V Change Addition
22 NAME DONN, JOSEPH
23 STREET ADDRESS 24 PIEDMONT A
24 CITY-ST-ZIP
31 TITLE P Change Addition
32 NAME PRAGA, BERNARD
33 STREET ADDRESS 37 PIEDMONT A
34 CITY-ST-ZIP
41 TITLE AGENT Change Addition
42 NAME RAIBLE, RONALD
43 STREET ADDRESS 6300 PARK OF COMMERCE BLVD.
44 CITY-ST-ZIP BOCA RATON, FL 33487
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS 200001808172
54 CITY-ST-ZIP -05/06/96--01016--004
61 TITLE ***857.50 Change Addition
62 NAME M.M.
63 STREET ADDRESS 3-14-96
64 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: *Bernard Praga* 3-29-96 9974045
Bernard Praga OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)