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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749479** (2)
1. Corporation Name
PIEDMONT "B" ASSOCIATION, INC.



Principal Place of Business
C/O PRIME M/ 1051 SOUTH F BOCA RATON
**PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487**

3. Date Incorporated or Qualified 10/23/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2058368	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
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 Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 83 City 84 State
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINBERG, CHARLOTTE 82 PIEDMONT B DELRAY BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD STEINBERG, CHARLOTTE <input type="checkbox"/> Change <input type="checkbox"/> Addition 82 Piedmont B Delray Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEYDT, ROBERT 55 PIEDMONT B DELRAY BEACH, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD HEYDT, ROBERT <input type="checkbox"/> Change <input type="checkbox"/> Addition 55 Piedmont B Delray, Beach, Fla
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARONHOLTZ, ISIDOR <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DD Baron Holtz, Barry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 92 Piedmont B Delray Beach Fla
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAROWSKY, MAX KINGS PT PEIDMONT B59 DELRAY BCH, FL 00000 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD BAROWSKY, MAX <input type="checkbox"/> Change <input type="checkbox"/> Addition 59 Piedmont B Delray Beach FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSIN, MILTON 86 PIEDMONT B DELRAY BCH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DD Bassin, Milton <input type="checkbox"/> Change <input type="checkbox"/> Addition 86 Piedmont B Delray Beach, Fla
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIMELDORF, OSCAR 79 PIEDMONT B DELRAY BEACH, FL 00000 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VD KIMELDORF, OSCAR <input type="checkbox"/> Change <input type="checkbox"/> Addition 79 Piedmont B Delray Beach FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **REQUIRED** Date: **3-12-97** Daytime Phone: **778-0686**

CR2E037 (9/96)