

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
Tallahassee, Florida 32304-0001

FILED
FLORIDA DEPARTMENT OF STATE
CORPORATIONS

95 MAY -1 AM 11:49

DOCUMENT # **749482** (6)
PIEDMONT "E" ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O PRIME MANAGEMENT GROUP, INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487
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 03/24/1994
4. FEI Number 59-2039753
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

2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc 26 State 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, RON
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 the 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1111 NAME STREET ADDRESS CITY ST ZIP	P BIKOFSKY, BABE KINGS PT. PIEDMONT E 197 DELRAY BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY ST ZIP	V KEMPLER, ROBERT KINGS PT PIEDMONT E206 DELRAY BEACH FL	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY ST ZIP	S DANDORF, SYLVIA KINGS PT. PIEDMONT E 217 DELRAY BEACH FL	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY ST ZIP	TD WENGER, LEO KINGS PT. PIEDMONT E 210 DELRAY BCH FL	23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY ST ZIP	D BLUFER, ALEX PIEDMONT E 237 DELRAY BEACH FL	27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY ST ZIP	D MILLER, JACK PIEDMONT E 238 DELRAY BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<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 119.02(9)(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 reputation 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 or assignee 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: *Babe Bessie Bikofsky* 3/9/95 499-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR