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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

DOCUMENT # 749482 (6)

1. Corporation Name
PIEDMONT "E" 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 33487-2816

3. Date Incorporated or Qualified: 10/23/1979
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21
2a. Mailing Address: 2a1

4. FEI Number: 59-2039753
Applied For: Not Applicable

22. City & State: PRIME MGMT. GROUP, INC. 6300 PRK. OF COMMERCE BLVD BOCA RATON, FL. 33487
23. Zip: 24

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: Yes No

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: SWATT, MYRON
82. Street: 6300 PRK OF COMMERCE BLVD
83. City: BOCA RATON, FL 33487
84. City:

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 617.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: 3/4/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	BIKOFSKY, BABE	
STREET ADDRESS	197 PIEDMONT E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEMPLER, ROBERT	
STREET ADDRESS	206 PIEDMONT E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DANDORF, SYLVIA	
STREET ADDRESS	KINGS PT. PIEDMONT E 217	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WENGER, LEO	
STREET ADDRESS	KINGS PT. PIEDMONT E 210	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUFER, ALEX	
STREET ADDRESS	PIEDMONT E 237	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JACK	
STREET ADDRESS	PIEDMONT E 236	
CITY-ST-ZIP	DELRAY BEACH FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DATE: 3-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE: 3-12-97
Daytime Phone # 0039765

CR2E037 (9/96)