

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **749484** (2)

1. Corporation Name  
**PIEDMONT "G" 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**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2029123</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAIBLE, RONALD</b> <b>KINGS POINT PHASE III</b> <b>1051 S ROGERS CIR</b> <b>BOCA RATON FL 33487</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHAW, MATTHEW</b>		1.2 NAME	<b>SHAW, MATTHEW</b>			
STREET ADDRESS	<b>PIEDMONT G 301</b>		1.3 STREET ADDRESS	<b>301 PIEDMONT G</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BENNIN, SOL</b>		2.2 NAME	<b>BENNIN, SOL</b>			
STREET ADDRESS	<b>306 PIEDMONT G</b>		2.3 STREET ADDRESS	<b>306 PIEDMONT G</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>400001808224</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, MOLLY</b>		3.2 NAME	<b>-05/06/96--01016--0077m.m.</b>			
STREET ADDRESS	<b>KINGS PT. PIEDMONT G 308</b>		3.3 STREET ADDRESS	<b>***857.50</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		3.4 CITY-ST-ZIP	<b>3-14-96</b>			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>AGENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WOFCHUCK, JACK</b>		4.2 NAME	<b>RAIBLE, RONALD</b>			
STREET ADDRESS	<b>KINGS PT. PIEDMONT G 329</b>		4.3 STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>PETERS, MILTON</b>		5.2 NAME	<b>KESSEL, ALVAN</b>			
STREET ADDRESS	<b>KINGS PT. PIEDMONT G 302</b>		5.3 STREET ADDRESS	<b>313 PIEDMONT G</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		5.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>NADEL, MORRIS</b>		6.2 NAME	<b>POLLACK, LOU</b>			
STREET ADDRESS	<b>307 PIEDMONT G</b>		6.3 STREET ADDRESS	<b>330 PIEDMONT G</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		6.4 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: Sol Bennin 3-29-96 9974045-  
 TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)