FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
[illegible]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:49

DOCUMENT # 749488 (3)

1. Corporation Name

PIEDMONT "K" ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1979	3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2004498	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELMAN, GEORGE KINGS POINT PIEDMONT K-507 DELRAY BEACH FL 33445	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 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BRATT, CHARLES	12 NAME	
STREET ADDRESS	KINGS PT. PIEDMONT K 515	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, RUBIN	22 NAME	
STREET ADDRESS	KINGS PT. PIEDMONT K 484	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	S ☑ Change ☐ Addition
NAME	SCHER, SAMUEL	32 NAME	Gurfeld, Rae
STREET ADDRESS	KINGS PT. PIEDMONT K 524	33 STREET ADDRESS	494 Piedmont K
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	Delray Bch, FL 33484
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	DELMAN, GEORGE	42 NAME	
STREET ADDRESS	KINGS PT. PIEDMONT K 407	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BREYAN, BEATRICE	52 NAME	
STREET ADDRESS	KINGS PT. PIEDMONT K 492	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☑ Change ☐ Addition
NAME	GURFIELD, RAE	62 NAME	Plotkin, Eva
STREET ADDRESS	PIEDMONT K 494	63 STREET ADDRESS	516 Piedmont K
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP	Delray Bch, FL 33481

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: Charles Bratt CHARLES BRATT 3/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 499-9032

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