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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 # 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 33487-2816

6300 Park of Commerce Blvd

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

2. Principal Place of Business Mailing Address

4. FEI Number 59-2004498
Applied For Not Applicable

21 Suite, Apt. #
22 City & State PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

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 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 Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRATT, CHARLES	
STREET ADDRESS	KINGS PT. PIEDMONT K 515	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, RUBIN	
STREET ADDRESS	KINGS PT. PIEDMONT K 484	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARFIELD, RAE	
STREET ADDRESS	494 PIEDMONT K	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DELMAN, GEORGE	
STREET ADDRESS	KINGS PT. PIEDMONT K 407	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BREYAN, BEATRICE	
STREET ADDRESS	KINGS PT. PIEDMONT K 492	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLOTKIN, ERA	
STREET ADDRESS	516 PIEDMONT K	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEINSTEIN, RUBIN	
1.3 STREET ADDRESS	484 PIEDMONT K	
1.4 CITY-ST-ZIP	DELRAY BEACH FL 33484	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gert, Kaplan	
2.3 STREET ADDRESS	507 PIEDMONT K	
2.4 CITY-ST-ZIP	DELRAY BEACH	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Delman, Blanche	
3.3 STREET ADDRESS	507 PIEDMONT K	
3.4 CITY-ST-ZIP	DELRAY BEACH	
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	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hirschberger, Mortini	
5.3 STREET ADDRESS	486 PIEDMONT K	
5.4 CITY-ST-ZIP	DELRAY BEACH	
6.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Plotkin, Eva	
6.3 STREET ADDRESS	516 PIEDMONT K	
6.4 CITY-ST-ZIP	DELRAY BEACH	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address.

SIGNATURE: [Signature] 3/13/97 498-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038855

CR2E037 (9/96)