FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 8. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 749488

(3)

FILED Apr 22 1998 8:00am Secretary of State

PIEDM	IONT "K" ASSOCIATION, INC).				
Principal Place of Business Malling Address						OJEKI BARIN HUBAI BIAKK BIPAI IDRI
PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US		PRIME MANAGEMENT GROUP. INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US		3. Date incorporated or Qualified 10/23/1979 4. FEI Number 59-2004498	Applied For	
2. Principal F	Place of Business	2s. Mailing Address				\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt	. #, otc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
City & Sta	to	City & State			Trust Fund Contribution	Added to Fees
23		28			7. Is this nonprofit corporation a homeowr	lers association? ☐ No
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the o	current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes XNo
	9. Name and Address of Curren	t Registered Agent	81	1-1	10. Name and Address of New Registers	d Agent
			81	Name		
DELMAN, GEORGE			82	Street	Address (P.O. Box Number is Not Acceptable)	
KINGS POINT PIEDMONT K-507 DELRAY BEACH FL 33445			B3	 		
DECINA	DEACH PE 33443					
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above	e-named	corporation submits this statement for the purpose	of changing its registered
office or agent. I a	registered agent, or both, in the State am familt⊌ with, and accept the oblice	of Florida. Such change was au itions of, Section 617.0503. Flor	ithorized by ida Statute:	y the corp s.	poration's board of directors. I hereby accept the a	opointment as registered
SIGNATURE	Longe Wol	~				
	dignature, typed or projed name of registered age	The Late of the La		ent signature	e required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	WEINSTEIN, RUBIN		1.2 NAME			
STREET ADORESS	484 PIEDMONT K		1.3 STREET			
CITY-ST-ZIP TITLE	DELRAY BEACH FL	DELETE	1.4 CITY-S	ST-ZIP		Change Addition
NAME	GERT, KAPLAN	C percit	2.1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	527 PIEDMONT K			40000000		
CITY-ST-ZIP	DELRAY BEACH FL		2.3 STREET			
THLE	SD SD	☐ DELETE	2.4 C/TY+5 3.1 T/TLE	31 - ZiP		Change Addition
NAME	DELMAN, BLANCHE		3.2 NAME			
STREET ADDRESS	507 PIEDMONT K		3.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-5			
TITLE	TD	☐ DELETE	4.1 TITLE	-,		Change Addition
NAME	DELMAN, GEORGE		4. 2 NAME			-
STREET ADDRESS	KINGS PT. PIEDMONT K 407		4.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY - S	T-ZIP		
TITLE	DD	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	HIRSCHBERGER, MORTINI		5.2 NAME			
STREET ADDRESS	486 PIEDMONT K		5.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	·	5.4 CITY - S	T-ZIP		
TITLE	DD	☐ DELETE	6.1 TITLE		-	Change Addition
NAME	PLOTKIN, EVA		6.2 NAME			
STREET ADDRESS	516 PIEDMONT K		6.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-S	T-ZIP		

14. I 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:

leone Deline

3/1/98

499-6386

(2E037 (10/97)