

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Wanda B. Murray  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY - 1 AM 11:49

DOCUMENT # **749489** (1)  
1. Corporation Name  
**PIEDMONT L ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

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 <b>10/23/1979</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FEI Number <b>59-2039756</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt # etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt # etc 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent <b>RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_  
I, \_\_\_\_\_, Registered Agent (signature required) (print name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<b>P WEITZBERG, WILLY KINGSPOINT PIEDMONT L 569 DELRAY BEACH FL</b>	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<b>V WOLFE, CARL KINGS PT. PIEDMONT L 533 DELRAY BEACH FL</b>	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<b>ST GELLER, JANET KINGS PT. PIEDMONT L 532 DELRAY BEACH FL</b>	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<b>D BORUCK, JERRY KINGS PT. PIEDMONT L 550 DELRAY BEACH FL</b>	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<b>D SILVERMAN, ARNOLD KINGS PT. PIEDMONT L 561 DELRAY BEACH FL</b>	13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	<b>Devike, Al 519 Piedmont L Delray Bch, FL 33484</b>
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<b>D GROSSMAN, ABE KINGS PT. PIEDMONT L 542 DELRAY BEACH FL</b>	13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	<b>Zahn, Sigheey 553 Piedmont L Delray Bch, FL 33484</b>

14. I, \_\_\_\_\_, hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(b), 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: Carl Wolfe 3-9-95 749489  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Typed Name)