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



Principal Place of Business Mailing Address

C/O PF 1061 S BOCA Raton, FL 33487

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

NUP, INC.

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

4. FEI Number 59-2039756 Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Prior

21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc.

23 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Name SWATT, MYRON
82 Street 6300 PK OF COMMERCE BLVD
83 BOCA RATON, FL 33487
84 City

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 obligation of, Section 617.0508, Florida Statutes.

SIGNATURE: [Signature] DATE: 3/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WEITZBERG, WILLY KINGSPONT PIEDMONT L 569 DELRAY BEACH FL	1.1 TITLE	PD WEITZBERG, WILLY
NAME		1.2 NAME	569 PIEDMONT L
STREET ADDRESS		1.3 STREET ADDRESS	DELRAY BEACH, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D REISCH, JOSEPH	2.1 TITLE	DD REISCH, JOSEPH
NAME		2.2 NAME	568 PIEDMONT L
STREET ADDRESS		2.3 STREET ADDRESS	DELRAY BEACH, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST GELLER, JANET	3.1 TITLE	STD GELLER, JANET
NAME		3.2 NAME	532 PIEDMONT L
STREET ADDRESS		3.3 STREET ADDRESS	DELRAY BEACH, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BORUCK, JERRY	4.1 TITLE	DD BORUCK, JERRY
NAME		4.2 NAME	550 PIEDMONT L
STREET ADDRESS		4.3 STREET ADDRESS	DELRAY BEACH, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GOLDMAN, SYDNEY	5.1 TITLE	DD GOLDMAN, SYDNEY
NAME		5.2 NAME	556 PIEDMONT L
STREET ADDRESS		5.3 STREET ADDRESS	DELRAY BEACH, FL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V KAHN, SIDNEY	6.1 TITLE	VKD KAHN, SIDNEY
NAME		6.2 NAME	553 PIEDMONT L
STREET ADDRESS		6.3 STREET ADDRESS	DELRAY BEACH, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: [Signature] DATE: 3/12/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature]

Daytime Phone # 0030654

CR2E037 (9/96)