FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:47

DOCUMENT # **738698** **(0)**

1. Corporate Name
FLANDERS L 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: **04/20/1977**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1790886** ☐ 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
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

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEVINE, JACK
KINGS PT. FLANDERS L539
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

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 _____ (If changing Registered Agent, this must be signed by the new agent) _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
02 NAME	DRASSINOWER, MILTON	12 NAME	
03 STREET ADDRESS	KINGS PT. FLANDERS L 531	13 STREET ADDRESS	
04 CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
05 TITLE	V	21 TITLE	☐ Change ☐ Addition
06 NAME	ROSENBERG, AL	22 NAME	
07 STREET ADDRESS	KINGS PT. FLANDERS L 547	23 STREET ADDRESS	
08 CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
09 TITLE	S	31 TITLE	☐ Change ☐ Addition
10 NAME	SIMON, JEAN	32 NAME	
11 STREET ADDRESS	KINGS PT. FLANDERS L 532	33 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	
13 TITLE	T	41 TITLE	☐ Change ☐ Addition
14 NAME	LEVINE, JACK	42 NAME	
15 STREET ADDRESS	KINGS PT. FLANDERS L 539	43 STREET ADDRESS	
16 CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	
17 TITLE	D	51 TITLE	☐ Change ☐ Addition
18 NAME	SKLAR, JEANNE	52 NAME	
19 STREET ADDRESS	KINGS PT. FLANDERS L 543	53 STREET ADDRESS	
20 CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	
25 TITLE	D	61 TITLE	☑ Change ☐ Addition
26 NAME	FEIN, DAVID	62 NAME	Rosenberg, Sam
27 STREET ADDRESS	KINGS PT. FLANDERS 550	63 STREET ADDRESS	550 Flanders L
28 CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP	Delray Bch, FL 33484

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)(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: _____ AARON ROSENBERG 4/29-0940
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013641