

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Division of Corporations
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FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:47

DOCUMENT # 738698 (0)

FLANDERS L ASSOCIATION, INC.

Principal Place of Business PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	Mailing Address PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/20/1977	3a. Date of Last Report 03/24/1994
4. FFI Number 59-1790886	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 LEVINE, JACK KINGS PT. FLANDERS L539 DELRAY BEACH FL 33484	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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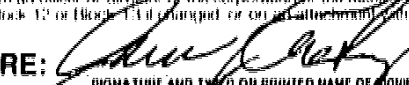
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
12.1 NAME	P. DRASSINOWER, MILTON
12.2 STREET ADDRESS	KINGS PT. FLANDERS L 531
12.3 CITY, ST., ZIP	DELRAY BEACH FL
12.4 NAME	V. ROSENBERG, AL
12.5 STREET ADDRESS	KINGS PT. FLANDERS L 547
12.6 CITY, ST., ZIP	DELRAY BEACH FL
12.7 NAME	S. SIMON, JEAN
12.8 STREET ADDRESS	KINGS PT. FLANDERS L 532
12.9 CITY, ST., ZIP	DELRAY BEACH FL
12.10 NAME	T. LEVINE, JACK
12.11 STREET ADDRESS	KINGS PT. FLANDERS L 539
12.12 CITY, ST., ZIP	DELRAY BEACH FL
12.13 NAME	D. SKLAR, JEANNE
12.14 STREET ADDRESS	KINGS PT. FLANDERS L 543
12.15 CITY, ST., ZIP	DELRAY BEACH FL
12.16 NAME	D. FEIN, DAVID
12.17 STREET ADDRESS	KINGS PT. FLANDERS 550
12.18 CITY, ST., ZIP	DELRAY BEACH FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 NAME	☒ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 record 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 of this filing, or on an attachment with an address.

SIGNATURE:  AARON ROSENBERG 499-0940
SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR