FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:47

DOCUMENT # **740531** **(9)**

1 Corporate Name

FLANDERS G 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: **09/19/1977**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1819234** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt. # etc (22) (27)
City & State (23) (28)
Zip (24) (29) County (25) (30)
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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPILFOGEL, MORRIS FLANDERS G-291 KINGS POINT DELRAY BEACH FL 33484	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 _____ (Registered Agent signature required for mail-in filings) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	SPILFOGEL, MORRIS	2 NAME	
STREET ADDRESS	KINGS PT. FLANDERS G 2919	3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	4 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, JACK	22 NAME	
STREET ADDRESS	KINGS PT. FLANDERS G 316	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☑ Change ☐ Addition
NAME	COHEN, MATTHEW	32 NAME	Cohen, Frances
STREET ADDRESS	KINGS PT. FLANDERS G 324	33 STREET ADDRESS	332 Flanders E
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	Delray Bch, FL 33484
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	COHEN, FRANCES	42 NAME	Lax, Florence
STREET ADDRESS	KINGS PT. FLANDERS 332	43 STREET ADDRESS	315 Flanders E
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Bch, FL 33484
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	TERMINI, THOMAS	52 NAME	Adelson, Herman
STREET ADDRESS	KINGS PT. FLANDERS G 304	53 STREET ADDRESS	331 Flanders E
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	Delray Bch, FL 33484
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DE SOTO, RAYMOND	62 NAME	
STREET ADDRESS	FLANDERS S 330	63 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Morris Spilfogel MORRIS SPILFOGEL 459-32-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0013000