FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

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

DOCUMENT # **742038** (3)

1. Corporation Name

FLANDERS S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP, INC 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1978
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1828981 ☐ 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 intangibles 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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, Registered Agent signature required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☑ Change ☐ Addition
NAME	BASHOVER, HELEN	12 NAME	Bashover, Helen
STREET ADDRESS	FLANDERS S 885	13 STREET ADDRESS	885 Flanders S
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	Delray Bch. FL 33484
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MOSKOWITZ, BERNIE	22 NAME	
STREET ADDRESS	FLANDERS S 877	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	TRUBOW, IRVING	32 NAME	Bashover, Morty
STREET ADDRESS	FLANDERS S 867	33 STREET ADDRESS	867 Flanders S
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	Delray Bch. FL 33484
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	STORCH, MARY	42 NAME	
STREET ADDRESS	KINGS PT. FLANDERS 886	43 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	FILHABER, ESTHER	52 NAME	Filhaber, Esther
STREET ADDRESS	FLANDERS S 881	53 STREET ADDRESS	881 Flanders S
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	Delray Bch. FL 33484
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Bashover Helen Bashover 3/8/95 407-499-0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0013447