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 # **742039** **(1)**

1. Corporate Name

FLANDERS R 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: **59-1835673** ☐ 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

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 607.0501 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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD *	11 TITLE	☐ Change ☐ Addition
NAME	BERKWOITZ, LEONARD	12 NAME	
STREET ADDRESS	KINGS PT. FLANDERS R 835	13 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	14 CITY, ST, ZIP	
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	ELLERT, SOL	22 NAME	Fisher, Alan
STREET ADDRESS	FLANDERS R 837	23 STREET ADDRESS	835 Flanders R
CITY, ST, ZIP	DELRAY BEACH FL	24 CITY, ST, ZIP	Delray Bch, FL 33484
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	KLEIMAN, IRVING	32 NAME	Lew, Harold
STREET ADDRESS	FLANDERS R 843	33 STREET ADDRESS	835 Flanders R
CITY, ST, ZIP	DELRAY BEACH FL	34 CITY, ST, ZIP	Delray Bch, FL 33484
TITLE	ST	41 TITLE	☑ Change ☐ Addition
NAME	SHATTLS, MICHAEL	42 NAME	Shattls, Meyer
STREET ADDRESS	KINGS PT. FLANDERS Q 822	43 STREET ADDRESS	822 Flanders R
CITY, ST, ZIP	DELRAY BEACH FL	44 CITY, ST, ZIP	Delray Bch, FL 33484
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ALMAN, ED	52 NAME	
STREET ADDRESS	KINGS PT. FLANDERS Q 819	53 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILENSKY, SARA	62 NAME	
STREET ADDRESS	FLANDERS S 841	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an additional

SIGNATURE: Leonard Berkowitz 3/13/95 499 4735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0013483