

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
1900 BANK OF AMERICA PLAZA

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:46

DOCUMENT # **743710** (6)
BURGUNDY P ASSOCIATION, INC.

(DO NOT WRITE IN THIS SPACE)

1. 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	
21	2a. Mailing Address	26	2b. Mailing Address
22	2c. City & State	27	2d. City & State
23	2e. Zip	28	2f. Zip
24	2g. Country	29	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
07/25/1978	03/24/1994
4. FEI Number	Applied For
59-1880550	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 S. ROGERS CIR.
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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, DOROTHY R.	12 NAME	
STREET ADDRESS	BURGUNDY P 728	13 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	14 CITY, ST, ZIP	
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERGER, JACK	22 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY P 760	23 STREET ADDRESS	<i>723 Burgundy P Delray Bch. FL 33484</i>
CITY, ST, ZIP	DELRAY BEACH FL	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADY, SYLVIA	32 NAME	
STREET ADDRESS	BURGUNDY P 739	33 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, SAM	42 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY P 724	43 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, LEO	52 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY P 731	53 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINER, BEATRICE	62 NAME	
STREET ADDRESS	BURGUNDY P 743	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(4)(b), Florida Statutes. I further certify that the information included 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 as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy R Kaplan* **DOROTHY R KAPLAN** DATE: *3/8/95* TELEPHONE: *499-5972*