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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
CORPORATION FILING DIVISION

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CORPORATIONS
95 MAY -1 AM 11:47

DOCUMENT # **743712** (2)
FLANDERS A 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**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/25/1978** 3a. Date of Last Report: **03/24/1994**

4. FEI Number: **59-1886746** 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: **21** 2a. Mailing Address: **26**

22. Suite Apt # etc: **27** Suite Apt # etc: **27**

23. City & State: **28** City & State: **28**

24. Zip: **25** Country: **29** Zip: **30** Country: **30**

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: **B1 Name: _____
B2 Street Address (P O Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ B5 Zip Code: **FL****

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SILVERBERG, ISADORE STREET ADDRESS: KINGS PT. FLANDERS A 12 CITY, ST, ZIP: DELRAY BEACH FL	1.1 TITLE: P	1.1 NAME: Irving I. Flanders <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 STREET ADDRESS: 12 Kings Pt. Flanders A 1.1 CITY, ST, ZIP: Delray Beach, FL 33484
TITLE: V	NAME: CALDERONE, J. STREET ADDRESS: FLANDERS A 44 CITY, ST, ZIP: DELRAY BEACH FL	2.1 TITLE: V	2.1 NAME: Calderone, Hannah <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 STREET ADDRESS: 44 Flanders A 2.1 CITY, ST, ZIP: Delray Beach, FL 33484
TITLE: S	NAME: FAIN, ROSE STREET ADDRESS: KINGS PT. FLANDERS A 41 CITY, ST, ZIP: DELRAY BEACH FL	3.1 TITLE: _____	3.1 NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: MICHELBERG, I. STREET ADDRESS: FLANDERS A 28 CITY, ST, ZIP: DELRAY BEACH FL	4.1 TITLE: T	4.1 NAME: Michelberg, Irving <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 STREET ADDRESS: 28 Flanders A 4.1 CITY, ST, ZIP: Delray Beach, FL 33484
TITLE: D	NAME: MYLES, ROSE STREET ADDRESS: FLANDERS A 21 CITY, ST, ZIP: DELRAY BEACH FL	5.1 TITLE: _____	5.1 NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: SIDMAN, M STREET ADDRESS: KINGS PT. FLANDERS A 38 CITY, ST, ZIP: DELRAY BEACH FL	6.1 TITLE: D	6.1 NAME: Silverberg, Isadore <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 STREET ADDRESS: 12 Flanders A 6.1 CITY, ST, ZIP: Delray Beach, FL 33484

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)(b), 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 of this report, or on an amendment with an address.

SIGNATURE: *Irving I. Flanders* DATE: **3/9/95** TELEPHONE: **499-1632**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR