

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:47

DOCUMENT # 743713

(0)

1. Corporation Number

NORMANDY A 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

07/25/1978

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1892549

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 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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 607.0507 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

Signature of Registered Agent (Postpaid Agent Not Permitted)

Signature of Registered Agent (Not Permitted After Termination)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	P.
12.2 NAME	SHAPIRO, HARRY
12.3 STREET ADDRESS	KINGS PT. MONACO A 23
12.4 CITY, ST, ZIP	DELRAY BEACH FL
12.5 TITLE	V.
12.6 NAME	PAGLIA, VINCENT
12.7 STREET ADDRESS	NORMANDY A 45
12.8 CITY, ST, ZIP	DELRAY BEACH FL
12.9 TITLE	S.
12.10 NAME	BRENNER, HERBERT
12.11 STREET ADDRESS	NORMANDY A 21
12.12 CITY, ST, ZIP	DELRAY BEACH FL
12.13 TITLE	T.
12.14 NAME	KWITTER, SONIA
12.15 STREET ADDRESS	KINGS PT. NORMANDY A 31
12.16 CITY, ST, ZIP	DELRAY BEACH FL
12.17 TITLE	D.
12.18 NAME	KOTT, MURRY
12.19 STREET ADDRESS	NORMANDY A 46
12.20 CITY, ST, ZIP	DELRAY BEACH FL
12.21 TITLE	D.
12.22 NAME	KWITTER, ARTHUR
12.23 STREET ADDRESS	KINGS PT. NORMANDY A 48
12.24 CITY, ST, ZIP	DELRAY BEACH FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.012(9)(g), 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 or on an attachment with an address.

SIGNATURE:

Harry Shapiro

HARRY SHAPIRO

5-8-95 '98
1995

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION YEAR