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 11:46

DOCUMENT # **744901** **(0)**

1. Corporate Name

BURGUNDY E ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **11/13/1978**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1909210** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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 607.0502 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 must sign) (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS, IN U.S.	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BECKERMAN, AARON	12 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY E 206	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LEVINE, SAUL	22 NAME	
STREET ADDRESS	KINGS PT. E 225	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LOKITZ, RUTH	32 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY D 226	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LOKITZ, SIDNEY	42 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY E 226	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BERGER, SIDNEY	52 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY E 200	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TIEGER, MAX	62 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY E 199	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 absolutely 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: Saul Levine – SAUL LEVINE — 3/8/95 — (407) 499-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013471