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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY -1 AM 11:45

DOCUMENT # **745989** **(4)**

1. Corporate Name
**CAPRI C ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PRIME MANAGEMENT GROUP, INC.<br>1051 SOUTH ROGERS CIRCLE<br>BOCA RATON FL 33487 | PRIME MANAGEMENT GROUP, INC.<br>1051 SOUTH ROGERS CIRCLE<br>BOCA RATON FL 33487 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1951433 ☐ 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 intangibles 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 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

LUBIN, ARCHIE
KINGS POINT CAPRI C, APT. 141
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

31 Name: Ronald Raible
32 Street Address (P.O. Box Number is Not Acceptable)
33: 1051 S. Rogers Cir.
34 City: Boca Raton FL 35 Zip Code: 33487

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: [signature] DATE
(If changing Registered Agent, Registered Agent must sign above)
(If not, Registered Agent's signature required below, indicating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN '95 | |
|---|---|---|---|
| 101 | P | 111 | ☑ Change ☐ Addition |
| NAME | LUBIN, ARCHIE | 112 NAME | Krause, Sanford |
| STREET ADDRESS | KINGS PT. CAPRI C 141 | 113 STREET ADDRESS | 145 Capri F |
| CITY ST ZIP | DELRAY BEACH FL | 114 CITY ST ZIP | Delray Bch. FL 33484 |
| 101 | V | 121 | ☑ Change ☐ Addition |
| NAME | KRAUSE, SANFORD | 122 NAME | Bolenstein, Henry |
| STREET ADDRESS | KINGS PT. CAPRI C 141 | 123 STREET ADDRESS | 85 Capri C |
| CITY ST ZIP | DELRAY BEACH FL | 124 CITY ST ZIP | Delray Bch. FL 33484 |
| 101 | S | 131 | ☐ Change ☐ Addition |
| NAME | TROSKIN, SYLVIA | 132 NAME | |
| STREET ADDRESS | KINGS PT. CAPRI C 101 | 133 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 134 CITY ST ZIP | |
| 101 | TD | 141 | ☐ Change ☐ Addition |
| NAME | WANDERMAN, FRED | 142 NAME | |
| STREET ADDRESS | KINGS PT. CAPRI C 133 | 143 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 144 CITY ST ZIP | |
| 101 | D | 151 | ☐ Change ☐ Addition |
| NAME | ASCH, ALEX | 152 NAME | |
| STREET ADDRESS | KINGS PT. CAPRI C 123 | 153 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 154 CITY ST ZIP | |
| 101 | D | 161 | ☐ Change ☐ Addition |
| NAME | RADO, NAT | 162 NAME | |
| STREET ADDRESS | KINGS PT. CAPRI 130 | 163 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 164 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this report 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 address.

**SIGNATURE:** Sanford Krause Sanford Krause 3/8/95 407-499-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013681