

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Maffett
Secretary of State
Office of the Secretary of State
1000 Bank of America Building
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:45

DOCUMENT # 745990

(2)

To: Corporation Name

CAPRI E 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

02/16/1979

3a. Date of Last Report

06/03/1994

4. FEI Number

59-1940066

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

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD P.
1051 S ROGERS CIR
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

Signature of Registered Agent (Required)

Signature of Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
HALL, HOWARD
KINGS PT. CAPRI E 201
DELRAY BEACH FL 33484

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VP
FRADIN, LOU
KINGS PT. CAPRI E 229
DELRAY BEACH FL 33484

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

S
KAPLAN, ROSE
KINGS PT. CAPRI E 211
DELRAY BEACH FL 33484

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TD
KIRSCH, LEON
KINGS PT. CAPRI E 193
DELRAY BEACH FL 33484

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
GERSHENSON, AL
KINGS PT. CAPRI E 202
DELRAY BEACH FL 33484

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
INSUIK, BERNICE
KINGS PT. CAPRI E 221
DELRAY BEACH FL 33484

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

☐ Change ☐ Addition

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)(a), 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. 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 attachment with an address.

SIGNATURE:

H.B. Hall H.B. HALL

3/8/95

499-8612