FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 746642 (8)

CAPRI B ASSOCIATION, INC.

FILED
95 MAY -1 AM 11:45

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP, INC 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1979	3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1965624	☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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

(Address, City/State and Zip Code of New Registered Agent) (If Changing Registered Agent, Signature of New Registered Agent required by Florida Statutes) Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRULEWITZ, HARRY
STREET ADDRESS	KINGS PT. CAPRI B 89
CITY ST ZIP	DELRAY BEACH FL
TITLE	V
NAME	KURZ, EGON
STREET ADDRESS	CAPRI B 50
CITY ST ZIP	DELRAY BEACH FL
TITLE	S
NAME	BRAMBUT, CLARA
STREET ADDRESS	KINGS PT. CAPRI B 77
CITY ST ZIP	DELRAY BEACH FL
TITLE	T
NAME	BERG, SYLVIA
STREET ADDRESS	KINGS PT. CAPRI B 86
CITY ST ZIP	DELRAY BEACH FL
TITLE	D
NAME	BLACK, BEA
STREET ADDRESS	KINGS PT. CAPRI B 70
CITY ST ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	SID Leonard, Apt
33 STREET ADDRESS	Kings Capri B
34 CITY ST ZIP	Delray Bch. FL 33484
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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)(i), Florida Statutes. 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: Harry Krulewitz HARRY KRULEWITZ 3/8/95 4989621

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0013620