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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746641 (0)

1. Corporation Name

CAPRI A ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 04/05/1979	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1953442	☐ 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
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	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

RAIBLE RONALD
1051 S ROGERS CIR
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 300001808193
-05/06/96--01016--005

84 City ***857.50 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIEF, ALVIN 41 CAPRI A DELRAY BEACH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V KELSNER, RUTH 4 CAPRI A DELRAY BEACH FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEISS, LESTER 7 CAPRI A DELRAY BEACH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P WEISS, LESTER 7 CAPRI A DELRAY BEACH FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERELSOH, JAONNE 44 CAPRI A DELRAY BEACH FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D ROSSENSON, DANIEL 5 CAPRI A DELRAY BEACH FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSENBERG, PAUL KINGS PT. CAPRI A 8 DELRAY BEACH FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	P ROSEN, ESTELLE 11 CAPRI A	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORREST, JOSEPH 4 CAPRI A DELRAY BEACH FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T FORREST, JOSEPH 17 CAPRI A DELRAY BEACH FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, BEN KINGS PT. CAPRI A 25 DELRAY BEACH FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	PD PETERS, BEN 25 CAPRI A DELRAY BEACH FL	☒ Change ☐ Addition M.M 3-14-96

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. 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: Estelle R. Rosen 3-28-96 997-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Estelle Rosen

CR2E037 (12/95)