FILE NOW: FILING FEE IS \$61.25

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| CORPORATIO  | V  |
| ANNUAL REPO | RT |



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

1996

| DOCU<br>1. Corporatio                                 | MENT # 74586  | 69 (8)   |                                    |                                  |  |   |  |
|---|---|--|------------------------------------|----------------------------------|--|---|--|
| BURG  | UNDY M ASSOCIATION, IN  | NC.  |                                    |                                  |  |   |  |
| Dianinal  | 10  |  |                                    |                                  |  |   |  |
| Principal Place of Business Mailing Address           |   |  |                                    |                                  | ( IMBLIT SOUS DINNE BINGT LASIN DILLI  | enii nibii nibii nibii nibii nibii Afbii 1884                       |  |
|   | AGEMENT GROUP, INC.<br>I ROGERS CIRCLE<br>IN FL 33487                           | PRIME MANAGEMENT<br>1051 SOUTH ROGERS<br>BOCA RATON FL 334               | CIRCLE                             |                                  | Date Incorporated or Qualified   |   |  |
| 2 Principal C   | 10  |  |                                    |                                  | 02/07/1979   | 3a. Date of Last Report<br>05/01/1995                               |  |
| 2. Principal Place of Business 2a. Mailing Address 21 |   |  |                                    |                                  | 4. FEI Number 59-1930250   | Applied For   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.               |   |  |                                    |                                  |  | Not Applicable  \$8.75 Additional                                   |  |
| 12  |   | 27   |                                    | 1 4 Ostanodie of Ottitus Desired |  | Fee Required  |  |
| City & State  | e   | City & State   |                                    | -                                | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be   |  |
| Zip   | Country   | Zip  | Country                            |                                  | This corporation has liability for in  | Added to Fees   |  |
| 4   | 25  | 29   | 30                                 |                                  | Florida Statutes   | Yes 🖪 No  |  |
| ···   | 9. Name and Address of Curre  | nt Registered Agent  |                                    | 1                                | 10. Name and Address of New Re   | gistereti Agent   |  |
| DAIDIC  | RONALD  |  | 81                                 | Name                             |  |   |  |
|   | ROGERS CIRCLE   |  | 82                                 | Street.                          | t Address (P.O. Box Number is Not Acceptable)  |   |  |
|   | ATON FL 33487   |  | 83                                 | <u> </u>                         |  |   |  |
|   |   |  |                                    |                                  |  |   |  |
|   |   |  | 84                                 | , ,                              |  | 85 Zip Code   |  |
| <ol><li>Pursuant t<br/>or register</li></ol>          | to the provisions of Sections 617,050; ed agent, or both, in the State of Flori | 2 and 617.1508, Florida Statuti  | es, the above-                     | named co                         | progration submits this statement for the purps  | ose of changing its registered office                               |  |
| familiar wit  | th, and accept the obligations of, Sec  | tion 617.0503, Florida Statutes  | ea by the corp<br>·                | oration's                        | rporation submits this statement for the purporable of directors. I hereby accept the appoir     | ntment as registered agent. I am                                    |  |
| SIGNATURE _   | Signature, typed or printed name of registered agen                             | T. S   |                                    | ···                              |  |   |  |
| 12.   |   | D DIRECTORS (NC)   | It: Registered Ager<br>13.         | it signature re                  | ACCULTONS VOLLANCE O TO DEFO   | DATE  |  |
| TITLE   | Р   | DELETE   | 11 TIFLE                           |                                  | ADDITIONS/CHANGES TO OFFIC   |   |  |
| NAME  | BLEIBERG, DAVID   |  | 1.2 NAME                           | ŀ                                | AGENT<br>RAIBLE, RONALD  | Change <b>XX</b> Addition   |  |
| STREET ADDRESS  | KINGS PT. BURGUNDY M 58   | 34   | 13 STREET                          | ADDRESS                          | 6300 PARK OF COMME   | חטום שיים   |  |
| CITY-ST-ZIP<br>TITLE                                  | DELRAY BEACH FL   |  | 1 4 CITY - S                       | T - ZIP                          | BOCA RATON, FL 334   |   |  |
| NAME  | V<br>Gale, Phillip  | DELETE   | 2.1 TITLE                          |                                  |  | ☐ Change ☐ Addition   |  |
| STREET ADORESS  | KINGS PT. BURGUNDY M 61   | 1  | 2 2 NAME                           |                                  |  |   |  |
| CITY-ST-ZIP   | DELRAY BEACH FL   | I I  | 2.3 STREET                         | - 1                              |  | I   |  |
| TITLE   | S   | <b>₽</b> DELETE  | 2 4 CITY - 5<br>3 1 TITLE          | 11 - ZIP                         | S  | C70   |  |
| <b>L</b> AME  | STAUBER, EVELLYN  | 77   | 3 2 NAME                           | ·                                | GALE,GILDA   | Change Maddition  |  |
| STREET ADDRESS  | 599 BURGUNDY M  |  | 3 3 STREET                         | ADDRESS                          | 611 BURGUNDY M   |   |  |
| CITY-ST-ZIP   | DELRAY BEACH FL   | ·  | 3.4 CITY-S                         | T - ZIP                          | DELRAY BEACH FL  |   |  |
| ITLE  | TD  | ☐ DELETE   | 4 1 TITLE                          |                                  | т  | Change Addition   |  |
| IAME  | MILES, FREDA<br>549 BURGUNDY M  |  | 4 2 NAME                           | i                                | MILES, FREDA   | ^   |  |
| TREET ADDRESS   | DELRAY BEACH FL   |  | 4.3 STREET                         | 1                                | 581 BURGUNDY M   |   |  |
| ITLE  | D DECEMBER DESCRIPTE  | DELETE   | 4.4 C(TY - S)                      | ZIP                              | DELRAY BEACH FL  |   |  |
| IAME  | BAUMVOLL, SYLVIA  |  | 5.1 TITLE<br>5.2 NAME              |                                  |  | ☐ Change ☐ Addition   |  |
| TREET ADDRESS   | 608 BURGUNDY M  |  | 53 STREET                          | ADDRESS                          | 10000180   | 8211 İ  |  |
| ITY-ST-ZIP  | DELRAY BEACH FL   |  | 5 4 CHY-ST                         | - 1                              | -05/06/960101  | 6006  |  |
| ITLE  | D   | DELETE   | 6 1 TITLE                          |                                  | ***857.50  | Change Addition   |  |
| AME   | REINER, STEVE   | _  | 6.2 NAME                           |                                  |  | 471.477   |  |
| TREET ADDRESS   | KINGS PT. BURGUNDY M 619  | 9  | 63 STREET A                        | NDORESS .                        |  |   |  |
| ITY-ST-ZIP  | DELRAY BEACH FL   | ries, the of the   | 64 CITY - ST                       | - ZIP                            |  | 3-14-96   |  |
| certify that t  | the information indicated on this annu  | vitir trits ming is voluntarily furnis<br>al report or supplemental annu | sned and does<br>al report is true | not quali<br>and acc             | fy for the exemption stated in Section 119.07(<br>urate and that my signature shall have the sar | 3)(k), Florida Statutes. I further ne legal effect as if made under |  |

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

328-96

997-404J

CR2E037 (12/95)