FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCL	JMENT	#	7380	19

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•	NY I ASSOCIATION, INC.	9 (9)			I JAANII HAAAA NIIA JAHIS AA	TA MAND HAN DIGU AND	#	
Principal Place	e of Business	Mailing Address						
	MANAGEMENT GROUP, INC. 1 ROGERS CIRCLE	C/O PRIME MANAGEME 1051 SOUTH ROGERS (BOCA RATON FL 33487	CIRCLE	INC.				
BOOK RAFO	NOTE SOME	DOOR HATON FL 33467			 Date Incorporated or Quality 02/07/1977 		te of Last Report 05/01/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-1759730		Applied For Not Applicable	
26 Suite, Apt. #, etc Suite, Apt.		Suite, Apt. #, etc.	ρt. #, etc.			\$6		
		27	27		5. Certificate of Status Desire	d 🗆	\$8.75 Additional Fee Required	
City & State		City & State	⊢ '		6. Election Campaign Financi	ng 🖂	\$5.00 May Be	
/3 { Zip	Country	Zip	Zip Country		Trust Fund Contribution 8. This corporation has liabilit		Added to Fees	
14	25	29	30	,	Florida Statutes	y loi iiitaingione (b) Yes V		
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of N	ew Registered X	gent	
			61	Name	•	- 1		
GIRSHEK, ABRAHAM			82	Street	Address (P.O. Box Number is Not Acco	eptable)		
388 SAXONY I DELRAY BEACH FL 33446		83	1		***************************************			
			84	City			85 Zip Code	
11 Pursuant	to the provisions of Costions 617.0500	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				<u> </u>	1 1 '	
or registe	red agent, or both, in the State of Flork	da. Such change was authorize	is, the above ad by the corp	named co poration's	corporation submits this statement for the sound of directors. Thereby accept the	a purpose of char appointment as r	nging its registered office registered agent. I am	
	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and fille if applicable [NOT	TE Rugistered Age	nt signature	required when reinstating!	DA'E		
12.	OFFICERS ANI		13.		ADDITIONS CHANGES TO		DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		AGENT	E	Change Addition	
NAME			1.2 NAME		RAIBLE, RONALD		23	
STREET ADDRESS	SAXONY I 388 KINGS PT		1.3 STREE	1 ADDRESS	6300 PARK OF COMMERC	CE BLVD.		
CITY - ST - ZIP	£ DELRAY BEACH FL	Filor, Fre	1.4 CITY -	ST-ZIP	BOCA RATON, FL 33487	7		
TITLE	V DADVORE MOULE	∑] DELETE	2.1 TITLE		V		Change Addition	
NAME OTOSST ADDOSSOS	BARKOFF, MICHAEL		2 2 NAME		BELOFSKY, BA	RRY		
STREET ADDRESS	SAXONY I 396			T ADDRESS	401 SAXONY I			
CITY - ST - ZIP TITLE	DELRAY BEACH FL S	DELETE	2.4 CHY				TChange [Addition	
NAME	WEINGARDEN, LOUIS	Дысси	3 1 TITLE 3 2 NAME	•		L	Change	
STREET ADDRESS	415 SAXONY I			1.4000100	400000	error arms arms are		
CITY-ST-ZIP	DELRAY BEACH FL		•	I ADDRESS	400001: -05/06/96	⊅U∂:∠'] 01010 00	.4	
TITLE	T	DELETE	3.4 CITY -	SI · ZIP	***857.50	<u> </u>	Change Addition	
NAME	BROBOWKSY, TESSIE	_	4 2 NAME		***031.30	_] onenge [] neattern	
STREET ADDRESS	SAXONY I 416			r address				
C+TY-ST-Z+P	DELRAY BEACH FL		4 4 CITY -					
TITLE	D	DELETE	5 1 TITLE	J1 211	-	Г	Change X Addition	
NAME	ROSEN, MILTON	Α	5 2 NAME		D NEWMAN EDIE	_	′ ` -	
STREET ADDRESS	SAXONY I 399 KINGS PT			I ADORESS	NEWMAN, FRIE 419 SAXONY I	JA.		
CITY-ST-ZIP	DELRAY BEACH FL		5 4 CITY -		419 SWYON1 I			
TITLE	D	DELETE	6 1 TITLE				Change Addition	
NAME	BROBOWKSY, SEYMOUR		62 NAME				m.m.	
STREET ADDRESS	SAXONY I 416		6 3 STREE	I ADDRESS			7 11 176	
CITY - ST - ZIP	DELRAY BEACH FL		6.4 CITY -:	ST - ZIP			3-14-96	
certify that	t the information indicated on this annu	ıa! report or supplemental andu.	shed and doe	s not qua	alify for the exemption stated in Section occurate and that my signature shall have	a lenal amez ant e	ffact as if made under	
oath; that	Lam an officer or director of the corpo a Block 12 or Block 13 if changed, or o	ration or the receiver or trustee	empowered	to execut	te this report as required by Chapter 61	7, Florida Statutes	s; and that my name	

SIGNATURE: Louis M. Whiteoname of John Sec.

3-29-96 9974095