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

DOCUMENT # 740532

(7)

FLANDERS J ASSOCIATION, INC.

Principal Place of Business Mailing Address				L TABLILL ISANI MLAN ARIAN WILAN LIITA	ANDE OLDER OLDER OSOM OLDER OLDER BURK
PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487 PRIME MANAGEMENT 1051 SOUTH ROGERS BOCA RATON FL 33487 BOCA RATON FL 33487		CIRCLE			
			3. Date Incorporated or Qualified 09/19/1977	3a. Date of Last Report 05/01/1995	
21 26				4. FEI Number 59-1805173	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curren	29	30		Yes AND
	9. Name and Address of Curren	i Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
DAIDLE	DONALD		Name		
RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487			82 Street A	idress (P.O. Box Number is Not Acceptable	2)
			83		
			84 City		85 Zip Code
			- ',		FL 1
 Pursuant to or registere 	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	and 617.1508, Florida Statu la. Such change was author.	tes, the above named corp zed by the corporation's b	poration submits this statement for the purp pard of directors. Thereby accept the appoi	ose of changing its registered office
familiar with	h, and accept the obligations of, Secti	on 617.0503, Florida Statute	S.	- · · · · · · · · · · · · · · · · · · ·	The state of the s
SIGNATURE _	Signature, typed or printed name of registered agent	and the franciscopies /bi	OTE: Registered Agent signature regi	and the property of the	DATE
12.	OFFICERS AND		13.	ADDITIONS CHANGES TO OFFIC	
TITLE	PD	DELETE	1 1 TITLE	AGENT	Change Addition
NAME	FEINSTEIN, SID		1.2 NAME	RAIBLE, RONALD	
STREET ADDRESS	439 FLANDERS J		1.3 STREET ADDRESS	6300 PARK OF COM	MEDCE BLVD
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP	BOCA RATON, FL 33	
TITLE	DV	DELETE	2 I TITLE	Boon Katony I B o	Change Addition
NAME	ROSENBERG, HARRY		2 2 NAME		
STREET ADDRESS	478 FLANDERS J		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	Florers	2 4 CITY-ST-ZIP		
TITLE	S CTEM CENTRALISE	DELETE	3 1 TITLE .		Change Addition
NAME STREET ADDRESS	STEIN, GERTRUDE FLANDERS J 448		3 2 NAME	50000180	18175
CITY-SI-ZIP	DELRAY BEACH FL		3 3 STREET ADDRESS	50000180 -05/06/96010	16~-004
TITLE	T	DELETE	3.4 CITY-ST-ZIP 4.1 TILLE	***8 57,50	Change Addition
NAME	MORSE, AL		4. 2 NAME		C Orlange
STREET ADDRESS	KINGS PT. FLANDERS J 480		4.3 STREET ADDRESS		
CITY-ST-2IP	DELRAY BEACH FL		4.4 CITY - ST-ZIP		
TITLE	D	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	POPK i ns, al		5.2 NAME		
STREET ADDRESS	455 FLANDERS J		5 3 STREET ADDRESS		,
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY - \$1 - 2IP		
TITLE	D CHARRAMAN COURT	∳ DELETE	6 1 TITLE	D	☐ Change XX Add tion
NAME	SILVERMAN, MURRY		6 2 NAME	MARSH, SID	M.M.
STREET ADDRESS	FLANDERS J 467		6.3 STREET ADDRESS	454 FLANDERS J	3-14-96
14. Ldo bereby	DELRAY BEACH FL	with this filing is value asily to	64 CITY - ST - ZIP	DELRAY BEACH FL y for the exemption stated in Section 119.0	7/3/14 Florido Stot to 15 15
certify that	the information indicated on this annu	al report or supplemental ann	nual report is true and accu	y for the exemption stated in Section 119.0 trate and that my signature shall have the s this report as required by Chapter 617, Flor	ame legal effect as if made under

SIGNATURE:

Signing OFFICER OF DIRECTOR

3-29-96

9974045

Daytime Phone #