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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 745343

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BURGLINDY O ASSOCIATION, INC.

Donac	MDT O NOOOSKIION, INO	•						
Principal Place	of Business	Mailing A	ng Address				T VARIAL TERM RIGHT RIGHT THAT THE PERFECT RIGHT	
PRIME MANAGEMENT GROUP INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487		PRIME MANAGEMENT GROUP INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487			C.			_
							3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995	
2. Principal Pla	ice of Business	2a. Maifir	ng Address				4. FEI Number Applied For	
11		26					<b>59-1919181</b> Not Applicable	_
Suite, Apt. #		27	<u> </u>				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		— ´	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	<b>28</b> Zip		T Col	intry		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible a under s. 199.032,	
24	25	29		30	,		Florida Statutes  Yes  No	
	9. Name and Address of Current	Registered	Agent				10. Name and Address of New Registered Agent	
					81	Name	<b>t</b> i	
	RONALD				82	Street A	Address (P.O. Box Number is Not Acceptable)	
	ROGERS CIRCLE						Address (P.O. Box Number is Not Acceptable)	4
BOCA R	ATON FL 33487			83		-N2\00\3001010003		
					84	City	***857,50 85 Zip Code	
11 Durament to	o the provisions of Sections 617 0502	and 617 150	9. Elorido Statul	toe the obe		amed cor	orporation submits this statement for the purpose of changing its registered office	_
or registere	ed agent, or both, in the State of Florida	a. Such chan	ge was authoriz	zed by the o	corpo	oration's b	board of directors. Thereby accept the appointment as registered agent. I am	1
	h, and accept the obligations of, Section	ri 617.0503,	rionda atatute:	S.				
SIGNATURE _	Signature, typed or printed name of registered agent a	nd the if applicable	o (No	OTE Registered	Agen	l signature rec	required when renstating: DATE	
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	P		DEFELE	1 1 TI	TLE		T XXChange Addition	į
NAME	BIRNHOLZ, JUNE			12 N			BIRNHOLZ, JUNE	
STREET ADDRESS	KINGS PT. BURGUNDY O 678					ADDRESS	678 BURGUNDY O	
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33484 V		DELETE	14 C	ITY - S	T - ZIP	DELRAY BEACH FL XXChange Add tion	_
NAME	LIEBREICH, IDA		Прессис	22 N		1	LIEBREICH, IDA	
STREET ADDRESS	718 BURGUNDY O					ADDRESS	718 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH FL				HTY-S		DELRAY BEACH FL	
TITLE	S		DELETE	3 1 II			Change V-V-Addition	
NAME	HALPERN, TERRY			3 2 N	AME	i	AGENT RAIBLE, RONALD	
STREET ADDRESS	KINGS PT. BURGUNDY 0 679			338	TREET	ADDRESS	6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33484				ITY - S	I - ZIP	ROCA PATON FI 33497	_
TITLE	TD		DEFELE	4170			V Change XX-soution	
NAME	CIRNHOLZ, LEON			4 2 1		I DADEGO	FULLENBAUM	
STREET ADDRESS	678 BURGUNDY O					ADDRESS	687 BURGUNDY O	
CITY-ST-ZIP TITLE	DELRAY BEACH FL D		DELETE	5 1 T	ITY - S ITI F	1-211	DELRAY BEACH FL XXChange Addition	-
NAME	SILBER, FRANCES			5 2 N			P	
STREET ADDRESS	694 BURGUNDY O					ADDRESS	SILBER, FRANCES	
CITY-ST-ZIP	DELRAY BEACH FL			540	ITY-S	r-ZIP	694 BURGUNDY O DELRAY BEACH FL	
TITLE	D		XXELETE	61 T	TLF		D Change Addition	
NAME	SILBER, MEYER			62 N	AME		LEVINE, MURRAY	
STREET ADDRESS	694 BURGUNDY O			635	TREET	ADDRESS	714 BURGUNDY 0 0 1/1 0/	
CITY-ST-ZIP	DELRAY BEACH FL	tan and Mar			ITY - S		DELRAY BEACH FL 3719776	<u>,                                     </u>
certify that oath; that	the information indicated on this annua	al report or so ation or the r	upplemental an: eceiver or truste	nual report ee empowe	is tru	e and acc	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further courate and that my signature shall have the same legal effect as if made under the this report as required by Chapter 617, Florida Statutes; and that my name	
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SIGNATURE:

Frances Selber
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