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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738699** (8)

1. Corporation Name

FLANDERS O ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
~~1061 SOUTH ROGERS CIRCLE~~
BACO RATON FL 33487

C/O PRIME MANAGEMENT GROUP, INC.
~~1061 SOUTH ROGERS CIRCLE~~
BACO RATON FL 33487-2816

6300 Park of Commerce Blvd

2. Principal Place of Business

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL 33487

City & St
Zip
Country

3. Date Incorporated or Qualified
04/20/1977

3a. Date of Last Report
06/06/1996

4. FEI Number
59-1783641

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

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

81 Na
82 Str
83
84 City

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARMON, SID	
STREET ADDRESS	675 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WEINBRUM, AL	
STREET ADDRESS	684 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, G.	
STREET ADDRESS	682 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, A. GUDDY	
STREET ADDRESS	677 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, E.	
STREET ADDRESS	687 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINBRUM, AL	
STREET ADDRESS	684 FLANDERS O	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Weinbrum, Al	
1.3 STREET ADDRESS	675 Flanders O	
1.4 CITY-ST-ZIP	Delray Beach Fl	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gaddy Kaplan	
2.3 STREET ADDRESS	677 Flanders O	
2.4 CITY-ST-ZIP	Delray Beach Fla	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harmon Sidney	
3.3 STREET ADDRESS	675 Flanders O	
3.4 CITY-ST-ZIP	Delray Beach Fla	
4.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bernstein, Geri	
4.3 STREET ADDRESS	682 Flanders O	
4.4 CITY-ST-ZIP	Delray Beach Fla	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Miller, E	
6.3 STREET ADDRESS	689 Flanders O	
6.4 CITY-ST-ZIP	Delray Beach Fla	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039652

CR2E037 (9/96)