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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

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

2. Principal Place of Business
21 Suite, Apt
22 City & St
23 Zip
24 Zip 25 Zip 29 Country 30

6300 Park of Commerce Blvd
PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

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

10. Name and Address of New Registered Agent
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]* (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	Guddy 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	699 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]* 3-13-97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039652



CR2E037 (9/96)