


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **742039** (1)

1. Corporation Name

FLANDERS R ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487 | C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487-2818 |

6300 N.W. of Commerce Blvd

2. Principal Place of Business
21 Suite, Apt. #
22 City & State
23 Zip
24 Country

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 02/16/1978 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1835673 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487 | 81 Nar 82 Str SWATT, MYRON 83 6300 PK OF COMMERCE BLVD 84 BOCA RATON, FL 33487 |

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 _____ DATE **3/6/97**
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERKOWITZ, LEONARD | 1.2 NAME | |
| STREET ADDRESS | KINGS RT. FLANDERS R 835 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWARZ, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 823 FLANDERS R | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEW, HAROLD | 3.2 NAME | |
| STREET ADDRESS | 837 FLANDERS R | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREIDHEIM, ANN | 4.2 NAME | |
| STREET ADDRESS | 838 FLANDERS R | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE DD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PINSKER, IVAN | 5.2 NAME | |
| STREET ADDRESS | 838 FLANDERS R | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLEIMAN, IRVING | 6.2 NAME | |
| STREET ADDRESS | 843 FLANDERS R | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 6.4 CITY-ST-ZIP | |

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]* **SIGNATURE REQUIRED** **3/12/97** **495-4565**

CR2E037 (9/96)