FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 74

2039 (1)

FLANDI	ERS R ASSOCIATION, INC.				
Principal Place	e of Business	Maiting Address		I HERUR BERRY BURNE HERV WEIGH TILL	0 1031 01013 01611 01613 91011 91011 91911 1001
C/O PRIME MAI 1951-SOUTH RO BOCA RATON F	L 33487	C/O PRIME MANAGEMENT GI 1851 SOUTH ROGERS CIRCLE BOCA RATON FL 33487-2816	F		
630	C mit of Can	mmerce Blv	rd	3. Date incorporated or Qualified 02/16/1978	3a. Date of Last Report 05/01/1996
2, Principal Pi				4. FEI Number	Applied For
21	" FRIME MGMT.CD	71		59-1835673	Not Applicable
Suite, Apt.	" BOCA PAKADE CO	JUP INC.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	PRIME MGMT.GRI 6300 PRK.DF CE BOCA RATON, FL	BLVD	<u> </u>	& Election Compaign Financing	
23	•			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	1		8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·
24	25	29 30	VΙ	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
			81 Nar		
RAIBLE,	RONALD		82 Str 🚓	TART BUSINES	· .
1051 SO	UTH ROGERS CIRCLE		1 1 2	BWATT, MYRON 4300 PK OF COMMERCE	Fit VIV
BOCA RA	ATON FL 33487		63 Ĕ	5300 PK OF COMMERCE 30CA RATON, FL 334	87
			84 Cit		100 mg/m
11. Pursuant I	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	d corporation submits this statement for the	purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 677.1508. 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 appear in obligations of, Section 517.0503, Florida Statutes.					
		/\\ \alpha \alpha \\ \alph	ou ourolos.	3/1.	タフ
SIGNATURE _	Signature, typed or printed risks a registered age.	und ti / applicable. (NOTE: R	legistered Agent signature	e required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD /	DELETE	1.1 TITLE		Change Addition
NAME	BERKWOITZ/LEONARD	ļ	1.2 NAME		
STREET ADDRESS	KINGS AT FLANDERS R 835		1.3 STREET ADDRESS		•
City-St-ZIP	DELRAY DEACH FL		1.4 City-St-ZiP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHWARZ, CHARLES	•	2.2 NAME		
STREET ADDRESS	823 FLANDERS R		2.3 STREET ADDRESS	1	•
CITY · SI · ZIP	DELRAY BEACH FL	T prints	2. 4 CITY-ST-ZIP		E Owner I dente
TITLE	S	☐ DELETE	3.1 TITLE	1	Change Addition
NAME	LEW, HAROLD		3.2 NAME		
STREET ADDRESS	837 FLANDERS R	•	3.3 STREET ADDRESS	}	
CITY-ST-ZIP	DELRAY BEACH FL	T DELETE	3.4. CITY - ST - ZIP	-	Change Addition
TITLE	COCIDITOR ANN	☐ DELETE	4.1 TOLE	-	Li Change Li Adolton
NAME	FREIDHEIM, ANN		4. 2 NAME		
STREET ADDRESS	838 FLANDERS R	•	4.3 STREET ADDRESS		
CITY-ST-74P TITLE	DELRAY BEACH FL	DELETE	4.4 C/TY-ST-2/P 5.1 T/TLE	100111111111111111111111111111111111111	Richange Vaddillon
	DINGKED WAN	Deterit.		HUKE PLOTA	A Comon
NAME CTOLET ADDDESC	PINSKER, IVAN 838 FKABDERS S	-	5.2 NAME 5.3 STREET ADDRESS	Mike Kropp 854 Flanders R Duray Beach Lla	" - '\
STREET ADDRESS	DELRAY BEACH FL		5.4 CITY-ST-ZIP	Nelmy Reach Ila	,
CITY-ST-ZIP THLE	D DELINAT BEACH I'L	☐ DELETE	6.1 TITLE	The state of the s	Change Addition
NAME	KLEIMAN, IRVING		6.2 NAME		The second secon
STREET ADDRESS	843 FLANDERS R		6.3 STREET ADDRESS		
GIRLET ADDRESS	DEIDAV REACH EÍ	•	OUR DESIGNATION OF THE		

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 Ghanged, or on an attachment with an address.

SIGNATURE:

3/12/97

495-4565

FILED

May 19 1997 8:00am

Secretary of State