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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 # 738698 (0)

1. Corporation Name

FLANDERS L ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487-2816



3. Date Incorporated or Qualified
04/20/1977

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt
22 City & St
23 Zip
24
25
29
30
PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

4. FEI Number

59-1790886

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

10. Name and Address of New Registered Agent

LEVINE, JACK
KINGS PT. FLANDERS L539
DELRAY BEACH FL 33484

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

3/12/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DRASSINOWER, MILTON
STREET ADDRESS KINGS PT. FLANDERS L 531
CITY-ST-ZIP DELRAY BEACH FL
TITLE V
NAME ROSENBERG, AL
STREET ADDRESS KINGS PT. FLANDERS L 547
CITY-ST-ZIP DELRAY BEACH FL
TITLE S
NAME SIMON, JEAN
STREET ADDRESS KINGS PT. FLANDERS L 532
CITY-ST-ZIP DELRAY BEACH FL
TITLE T
NAME LEVINE, JACK
STREET ADDRESS KINGS PT. FLANDERS L 539
CITY-ST-ZIP DELRAY BEACH FL
TITLE D
NAME SANDLER, VIVIAN
STREET ADDRESS 563 FLANDERS L
CITY-ST-ZIP DELRAY BEACH FL
TITLE D
NAME ROSENBERG, SAM
STREET ADDRESS 558 FLANDERS L
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE PD
1.2 NAME EDWIN SANDLER
1.3 STREET ADDRESS 563 FLANDERS L
1.4 CITY-ST-ZIP DELRAY BEACH FL
2.1 TITLE VD
2.2 NAME VIVIAN SANDLER
2.3 STREET ADDRESS 563 FLANDERS L
2.4 CITY-ST-ZIP DELRAY BEACH, FLA
3.1 TITLE SD
3.2 NAME MARGARET YANHORE
3.3 STREET ADDRESS 554 FLANDERS L
3.4 CITY-ST-ZIP DELRAY BEACH FLA
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE DD
5.2 NAME ROSE LEWIS
5.3 STREET ADDRESS 534 FLANDERS L
5.4 CITY-ST-ZIP DELRAY BEACH, FLA
6.1 TITLE DD
6.2 NAME JEAN SIMON
6.3 STREET ADDRESS 532 FLANDERS L
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 19.07(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

3-12-97

496 5563

Date

Daytime Phone # 0038802

CR2E037 (9/96)