

FILE NOW: FILING FEE IS \$61.25

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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 # 746643 (6)  
1. Corporation Name  
CAPRI F ASSOCIATION, INC.



Principal Place of Business Mailing Address  
PRIME MANAGEMENT GROUP, INC.  
~~1051 SOUTH ROGERS CIRCLE~~  
BOCA RATON FL 33487  
~~BOCA RATON FL 33487-2816~~

*6300 Park of Commerce Blvd*

3. Date Incorporated or Qualified 04/05/1979  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1972477 Applied For Not Applicable

21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc.

6. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 24 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

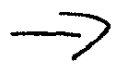
25 Zip Country 26 Zip Country

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

RAIBLE, RONALD  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487



81  
82 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIPRAIS, JACK	
STREET ADDRESS	288 CAPRI E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLATSKY, MAC	
STREET ADDRESS	281 CAPRI E	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BIAL, NORMAN	
STREET ADDRESS	247 CAPRI F	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARASH, MILTON	
STREET ADDRESS	CAPRI F 257	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, IRVING	
STREET ADDRESS	253 CAPRI E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MASCOOP, PEARL	
STREET ADDRESS	271 CAPRI E	
CITY-ST-ZIP	DELRAY BCH. FL	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DD. Weinstein, Dan	
1.3 STREET ADDRESS	276 CAPRI F	
1.4 CITY-ST-ZIP	Delray Beach, Fla	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DD Bial, Norman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	247 capri F	
3.4 CITY-ST-ZIP	Delray Beach, Fla	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD Weinstein, Dan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	276 capri F	
5.4 CITY-ST-ZIP	Delray Beach, Fla	
6.1 TITLE	SD Koch, Iris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	284 CAPRI F	
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: \_\_\_\_\_ DATE: 3/12/97 DAYTIME PHONE: 499-8508

CR2E037 (9/96)