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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 # 745867 (2)

1. Corporation Name
BURGUNDY I 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

6300 Park Of Commerce Blvd.

2. Principal Place of Business / 2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip / County
24 25 29 30

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

3. Date Incorporated or Qualified: 02/07/1979
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1920759 ☐ 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

PULIK, HARRY
KINGS PT. BURGUNDY I
APARTMENT 388
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. ...)
83
84 City

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PULIK, HARRY		1.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 388		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOWERS, IRVING		2.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 390		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAHN, LUCILLE		3.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 410		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBURG, ABE		4.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 391		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GLASER, ADELE		5.2 NAME	
STREET ADDRESS	394 BURGUNDY I		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ABOLSKY, JACK		6.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 422		6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [illegible] SIGNED 3-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038797