


FILE NOW: FILING FEE IS \$61.25

FILED
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
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DOCUMENT # 744903 (6)
1. Corporation Name
BURGUNDY J ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	Mailing Address PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487-2816
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3. Date Incorporated or Qualified 11/13/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1910561	Applied For 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	

2. Principal Place of Business 21 Suite, Apt 22 City & State 23 Zip	2a. Mailing Address 24 [25] [29] [30]
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PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

9. Name and Address of Current Registered Agent
RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Na
82 Str. BWATT, MYRON
83 6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487
84 City FL

11. Pursuant to the provisions of Sections 617.0602 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 NAME STREET ADDRESS CITY - ST - ZIP	PT GOLDSTEIN, MILTON KINGS PT. BURGUNDY J 459 DELRAY BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHWARTZ, REUBEN KINGS PT. BURGUNDY J 453 DELRAY BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STERNLIEB, SYLVIA KINGS PT. BURGUNDY J 451 DELRAY BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON, LOUIS 448 BURGUNDY J DELRAY BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAY, ESTHER KINGS PT. BURGUNDY J 434 DELRAY BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OT FLEISHMAN, ROBERT 444 BURGUNDY J DELRAY BEACH FL	<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Robert Fleishman 444 Burgundy J Delray Beach Fla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	TD Milton Goldstein 459 Burgundy J Delray Beach Fla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 and typed or printed name of signing officer or director)
Date: 3/12/97
Daytime Phone: 0039781

CR2E037 (9/96)