

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

DOCUMENT # 745988 (6)

1. Corporation Name

BURGUNDY G ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
~~1051 G ROGERS CIR~~
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
~~1051 G ROGERS CIR~~
BOCA RATON FL 33487-2816

6300 Park of Commerce Blvd

2. Principal Place

21 Suite, Apt. #

22 City & State

23 Zip

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

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/16/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1937724

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

10. Name and Address of New Registered Agent

BLUESTEIN, JEROME
BURGUNDY G 302 KINGS POINT
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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HIRSCH, MILTON
STREET ADDRESS 334 BURGUNDY G
CITY-ST-ZIP DELRAY BEACH FL

TITLE V
NAME SXHWARTZ, MURRAY
STREET ADDRESS 323 BURGUNDY F
CITY-ST-ZIP DELRAY BEACH FL

TITLE S
NAME SIMON, JOHANNA
STREET ADDRESS KINGS PT. BURGUNDY G 300
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD
NAME BLUESTEIN, JEROME
STREET ADDRESS KINGS PT. BURGUNDY G 302
CITY-ST-ZIP DELRAY BEACH FL

TITLE D
NAME FRIEDMAN, AILEEN
STREET ADDRESS 309 BURGUNDY G
CITY-ST-ZIP DELRAY BCH FL

TITLE D
NAME MARGOLIS, SEYMOUR
STREET ADDRESS BURGUNDY G 324
CITY-ST-ZIP DELRAY BEACH FL 33484

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Daytime Phone # 0039791

CR2E037 (9/96)