

NON PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Brenda B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 19 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

742381
Capri K Association, Inc.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487-8290

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6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487-8290

1. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
1 Suite, Apt. #, etc.		2a Suite, Apt. #, etc.		69-1856178		4/3/78	
2 City & State		27 City & State		5. Certificate of Status Desired		Applied For	
3 Zip		28 Zip		<input type="checkbox"/>		Not Applicable	
25 Country		29 Country		6. Election Campaign Financing		\$0.75 Additional Fee Required	
26		28		Trust Fund Contribution		<input type="checkbox"/>	
27		29		8. This corporation has liability for intangible tax under s. 189.032 Florida Statutes		\$5.00 May be Added to Fees	
28		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REINSTATEMENT				Swath Myron			
				6300 Park of Commerce Blvd			
				BOCA RATON FL FL			
				33487			

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, 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 hereby sworn and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] 800002530874

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		1.2 NAME	Ray Rigoletto
3. STREET ADDRESS		1.3 STREET ADDRESS	514 Capri K
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	Delray Beach 33484
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME		2.2 NAME	VP, S Lenny Cohen
7. STREET ADDRESS		2.3 STREET ADDRESS	500 Capri K
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	33487
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME		3.2 NAME	T 511 Grossman
11. STREET ADDRESS		3.3 STREET ADDRESS	504 Capri K
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME		4.2 NAME	D Ely Fogelson
15. STREET ADDRESS		4.3 STREET ADDRESS	499 Capri K
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME		5.2 NAME	D Erv Dumoch
19. STREET ADDRESS		5.3 STREET ADDRESS	513 Capri K
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME		6.2 NAME	D Shirley Kotler
23. STREET ADDRESS		6.3 STREET ADDRESS	509 Capri K
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3-11-98 561-498-3276

CRZED34 (12/95)