


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90046 041 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 745989</b>					
1. Corporation Name <b>CAPRI C ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/16/1979</b> 4. FEI Number <b>59-1951433</b> 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	
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9. Name and Address of Current Registered Agent <b>SWATT, MYRON 6300 PRK OF COMMERCE BLVD 1051 S ROGERS CIR BOCA RATON FL 33487</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAUSE, SANFORD			1.2 NAME			
STREET ADDRESS	143 CAPRI C			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORENSTEIN, HENRY			2.2 NAME			
STREET ADDRESS	128 CAPRI C			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROSKIN, SYLVIA			3.2 NAME			
STREET ADDRESS	101 CAPRI C			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WANDERMAN, FRED			4.2 NAME			
STREET ADDRESS	133 CAPRI C			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			4.4 CITY-ST-ZIP			
TITLE	DD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASCH, ALEX			5.2 NAME			
STREET ADDRESS	123 CAPRI C			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			5.4 CITY-ST-ZIP			
TITLE	DD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, JOSEPH			6.2 NAME			
STREET ADDRESS	115 CAPRI C			6.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)