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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745990					
1. Corporation Name CAPRI E ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1940066	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BOGAITZ, JOSEPH	1.2 NAME	Joseph Bogart + 2
STREET ADDRESS	200 CAPRI E	1.3 STREET ADDRESS	200 Capri E
CITY-ST-ZIP	DELRAY BCH FL 33484	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FENTIN, LEON	2.2 NAME	
STREET ADDRESS	216 CAPRI E	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	SELTZER, RUTH	3.2 NAME	S.D Olympia Ristainos
STREET ADDRESS	240 CAPRI E	3.3 STREET ADDRESS	204 Capri E
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIPNER, MAGDA	4.2 NAME	
STREET ADDRESS	211 CAPRI E	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KLONSKY, PEARL	5.2 NAME	
STREET ADDRESS	195 CAPRI E	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DD ☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	FROHWIRTH, NINA	6.2 NAME	Lou Fradin
STREET ADDRESS	218 CAPRI E	6.3 STREET ADDRESS	229 Capri E
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)