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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742038

1. Corporation Name

FLANDERS S ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON FL 33487
US

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON FL 33487
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/16/1978

4. FEI Number

59-1828981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK 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

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 BASHOVER, HELEN
STREET ADDRESS FLANDERS S 885
CITY-ST-ZIP DELRAY BEACH FL ☒ DELETE

TITLE VPD
NAME MOSKOWITZ, BERNIE
STREET ADDRESS FLANDERS S 877
CITY-ST-ZIP DELRAY BEACH FL ☒ DELETE

TITLE TD
NAME STORCH, MARY
STREET ADDRESS KINGS PT. FLANDERS 886
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE SD
NAME ESTA, PEARL
STREET ADDRESS 869 FLANDERS S
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 VP ☒ Change ☒ Addition
2.2 NAME Irving Trubow
2.3 STREET ADDRESS 867 Flanders S
2.4 CITY-ST-ZIP

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME Mary Storch
3.3 STREET ADDRESS 886 Flanders S
3.4 CITY-ST-ZIP

4.1 TITLE SIT ☒ Change ☐ Addition
4.2 NAME Esta Pearl
4.3 STREET ADDRESS 869 Flanders S
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☒ Addition
5.2 NAME Bernard Storch
5.3 STREET ADDRESS 886 Flanders S
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☒ Addition
6.2 NAME Hans Hanson
6.3 STREET ADDRESS 866 Flanders S
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

2/10/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)