


FILE NOW: FILING FEE IS \$61.25

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

04-16-1999 90047 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746961					
1. Corporation Name NORMANDY Q ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1991176	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent ROSENWALD, JULIUS NORMANDY Q-812 KINGS POINT DELRAY BEACH FL FL 33445 33484				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 FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	BARON, MARION		1.2 NAME		
STREET ADDRESS	816 NORMANDY Q		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	STERN, JOSEF		2.2 NAME		
STREET ADDRESS	799 NORMANDY Q		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	BERGERE, REBECCA		3.2 NAME		
STREET ADDRESS	779 NORMANDY Q		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	JACOBS, SIDNEY		4.2 NAME		
STREET ADDRESS	804 NORMANDY Q		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		4.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE		
NAME	ROSENWALD, JULIUS		5.2 NAME		
STREET ADDRESS	812 NORMANDY Q		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		
NAME	KASSOVER, BEVERLY		6.2 NAME		
STREET ADDRESS	780 BURGUNDY		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		
			S Bertha Goldberg 773 Normandy Q		
			D Irene Woolf 809 Normandy Q		

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 2/10/99 498-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)