FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 749483

1. Corporation Name

PIEDMONT "F" ASSOCIATION, INC.

Principal Place of Business 6300 PARK OF COMMERCE BLVD 1051 SOUTH ROGERS CIRCLE **BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90047 037 ****61.25

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Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

10/23/1979

59-2029121

FEI Number

Zip Country Zip Country Zip Country Zip Country S. Election Campaign Financing S.5.00 May 8 of Added to Fees S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name S. Street Address (P.O. Box Number is Not Acceptable) S. Street Address (P.	23		28					1	5. Certifo	ate of Sta	atus Desi	red		Fee	Req	uired
28 28 29 30 Trust Fund Contribution Added to Fees		Country	20	Zip	· · · · · · · · · · · · · · · · · · ·	Country	,	1	6. Electic	n Campa	ign Finar	ncing				•
SWATT, MYRON 8300 PK OF COMMERCE BLVD BOCA RATION FL 33487 11. Pursuant to the provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, and smallar with, and accept the orbigations of, Section 617,6503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Statutes, the advantage of the purpose of changing its registered agent, are both, in the State of Florida. Statutes, the advantage of the purpose of changing its registered agent, are both, in the State of Florida. Statutes, the advantage of the purpose of changing its registered agent, are both, in the State of Florida. Statutes, the advantage of Florida. Statutes,	24	25	29		30	ol			Trust	Fund Con	tribution		<u> </u>	Add	ed to	Fees
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 B4 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 agent, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida Statutes, and accept the obligation of, Section 617.0503, Florida		9. Name and Address of Current	Regi	stered Ag	gent				10. Name	and Add	iress of	New Re	gistered	Agent		
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BOCA RATON FL 33487 S2							82 Street Address (P.O. Box Number is Not Acceptable)									
Section Sect						83										
TI. Pursuant to the provisions of Sections 617.0502 and 617.1608. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 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 S	BOCA RA	ION FL 33487				<u> </u>	<u> </u>							· .		
office or registered agent, or both, in the State of Horiza. Such or hange was automotived by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE Signature. Typed or primed name of registered agent and 80 # appicable. (NOTE: Registered Agent approxime required when reinstating) DAYE Signature. Typed or primed name of registered agent and 80 # appicable. (NOTE: Registered Agent approxime required when reinstating) DAYE Signature. Typed or primed name of registered agent and 80 # appicable. (NOTE: Registered Agent approxime required when reinstating) DAYE Signature. Typed or primed name of registered agent and 80 # appicable. (NOTE: Registered Agent approxime required when reinstating) DAYE Signature. Typed or primed name of registered agent and 80 # appicable. (NOTE: Registered Agent approxime required when reinstating) DAYE Signature. Typed or primed name of registered agent and 80 # appicable. (NOTE: Registered Agent approxime required when reinstating) DAYE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Ve++a Cohen Change Addition Ve++a Cohe							4						FL	- ``		
12	office or n	enistered agent or both in the State of	Flor	ida. Such	change was auth	onzeg by	the corp	corpora oration	tion submi board of	its this sta directors.	atement f I hereby	or the pi accept	urpose of the appo	f changing intment a	j its re s regi:	gistered
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	DELRAY BEACH FL														
	14 I barabu a	artifut hat the information cumplied with	this	filing does	s not qualify for th	e exempt	tion state	d in Sec	tion 119.0	7(3)(i), Fi	orida Sta	tutes. I f	urther ce	rtify that t	he inf bat I :	ormation om an

officer or director of the corporation or the receiver or trustee em Block 12 or Block 13 if changed, or on an attachment with an ag

SIGNATURE: