



**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

40079531

<b>DOCUMENT # 740532</b>				05-03-2005 90104 020 *****61.25	
1. Entity Name <b>FLANDERS J 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		3. Mailing Address		40079531	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-1805173</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487</b>				Name <b>FLANDERS J ASSOCIATION, INC.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>ARNIE BERNSTEIN</b>	
				<b>6300 PARK OF COMMERCE BOULEVARD</b>	
				City <b>BOCA RATON</b> FL <b>33487</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>ARNIE BERNSTEIN</b>  DATE					
Filing Fee is \$61.25 Due by May 1, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEBB, SHEILA</b>		NAME		
STREET ADDRESS	<b>453 FLANDERS J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILLER, ANNETE</b>		NAME		
STREET ADDRESS	<b>455 FLANDERS J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GERSON, BRUCE</b>		NAME		
STREET ADDRESS	<b>448 FLANDERS J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NOVEMBER, BETTY</b>		NAME		
STREET ADDRESS	<b>475 FLANDERS J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARDER, JULIETTE</b>		NAME		
STREET ADDRESS	<b>450 FLANDERS J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MORSE, AL</b>		NAME	<b>Schoer, Daisy</b>	
STREET ADDRESS	<b>480 FLANDERS J</b>		STREET ADDRESS	<b>438 FLANDERS J</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Sheila Webb</b> 4/13/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					