FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:47

DOCUMENT # **740532** **(7)**

FLANDERS J ASSOCIATION, INC.

Principal Place of Business

PRIME MANAGEMENT GROUP, INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address

PRIME MANAGEMENT GROUP, INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1977**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1805173** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICER(S) AND/OR DIRECTOR(S) IN 12	
10 TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	LONDON, ERWIN	12 NAME	Feinstein, Sid
STREET ADDRESS	KINGS PT. FLANDERS J 477	13 STREET ADDRESS	139 Flanders J
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	Delray Bch, FL 33484
20 TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	MARDER, JERRY	22 NAME	Rosenberg, Harry J
STREET ADDRESS	FLANDERS J 450	23 STREET ADDRESS	175 Flanders J
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	Delray Bch, FL 33484
30 TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	STEIN, GERTRUDE	32 NAME	
STREET ADDRESS	FLANDERS J 448	33 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	
40 TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MORSE, AL	42 NAME	
STREET ADDRESS	KINGS PT. FLANDERS J 480	43 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	
50 TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	POPKINS, AL	52 NAME	Popkin, Al
STREET ADDRESS	KINGS PT. FLANDERS J 455	53 STREET ADDRESS	135 Flanders J
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	Delray Bch, FL 33484
60 TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, MURRY	62 NAME	
STREET ADDRESS	FLANDERS J 467	63 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 2/8/95 498-3496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013826