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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740532 (7)

1. Corporation Name

FLANDERS J ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487-2816

6300 Park of Commerce Blvd.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, &

22 PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

23 City & State

24 Zip

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/19/1977

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Name

82 Street Ac

83

84 City

SWATT, MYRON
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487

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 office, if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FEINSTEIN, SID
STREET ADDRESS 439 FLANDERS J
CITY-ST-ZIP DELRAY BEACH FL

TITLE DV
NAME ROSENBERG, HARRY
STREET ADDRESS 478 FLANDERS J
CITY-ST-ZIP DELRAY BEACH FL

TITLE S
NAME STEIN, GERTRUDE
STREET ADDRESS FLANDERS J 448
CITY-ST-ZIP DELRAY BEACH FL

TITLE T
NAME MORSE, AL
STREET ADDRESS KINGS PT. FLANDERS J 480
CITY-ST-ZIP DELRAY BEACH FL

TITLE D
NAME POPKINS, AL
STREET ADDRESS 455 FLANDERS J
CITY-ST-ZIP DELRAY BEACH FL

TITLE D
NAME MARSH, SID
STREET ADDRESS 454 FLANDERS J
CITY-ST-ZIP DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Ballet, Jerome
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Delray Beach, Fla

2.1 TITLE VD
2.2 NAME POPKINS, AL
2.3 STREET ADDRESS 455 Flanders J
2.4 CITY-ST-ZIP Delray Beach, Fla

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DD
5.2 NAME Napoli, Verma
5.3 STREET ADDRESS 439 Flanders J
5.4 CITY-ST-ZIP Delray Beach, Fla

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/12/97 499-1865

CR2E037 (9/96)