

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742039 (1)  
1. Corporation Name

FLANDERS R ASSOCIATION, INC.



Principal Place of Business: C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487  
Mailing Address: C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487

3. Date Incorporated or Qualified: 02/16/1978  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1835673  
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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERKWOITZ, LEONARD	
STREET ADDRESS	KINGS PT. FLANDERS R 835	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, AL	
STREET ADDRESS	860 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEW, HAROLD	
STREET ADDRESS	837 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DTV	<input checked="" type="checkbox"/> DELETE
NAME	SCHATTL, MEYER	
STREET ADDRESS	822 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALMAN, ED	
STREET ADDRESS	KINGS PT. FLANDERS Q 819	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILENSKY, SARA	
STREET ADDRESS	FLANDERS 5 841	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RAIBLE, RONALD	
13 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
14 CITY-ST-ZIP	BOCA RATON, FL 33487	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SCHWARZ, CHARLES	
23 STREET ADDRESS	823 FLANDERS R	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	000001808180m.m.	
33 STREET ADDRESS	-05/06/96--01016--004	
34 CITY-ST-ZIP	***857.50 3-14-96	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	FREIDHEIM, ANN	
43 STREET ADDRESS	838 FLANDERS R	
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PINSKER, IVAN	
53 STREET ADDRESS	838 FLANDERS RS	
54 CITY-ST-ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	KLEIMAN, IRVING	
63 STREET ADDRESS	843 FLANDERS R	
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)(k), 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: *Leonard Berkowitz*  
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR: Leonard Berkowitz

Date: 3-29-96  
Daytime Phone #: 9974045

CR2E037 (12/95)