


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90047 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742039
 1. Corporation Name
FLANDERS R ASSOCIATION, INC.

Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 02/16/1978	4. FEI Number 59-1835673	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SWATT, MYRON 6300 PK OF COMMERCE BLVD 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BERKWOITZ, LEONARD STREET ADDRESS KINGS PT. FLANDERS R 835 CITY-ST-ZIP DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME VP Benny Addeo 1.3 STREET ADDRESS 848 Flanders R 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME SCHWARZ, CHARLES STREET ADDRESS 823 FLANDERS R CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE DP 2.2 NAME P Charles Schwartz 2.3 STREET ADDRESS 823 Flanders R 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME LEW, HAROLD STREET ADDRESS 837 FLANDERS R CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE DS 3.2 NAME S Harold Lew 3.3 STREET ADDRESS 837 Flanders R 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ALTMAN, ROBERT STREET ADDRESS KING DR FLANDERS R 818 CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME T Bob Alter 4.3 STREET ADDRESS 818 Flanders R 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DD NAME KROPP, MIKE STREET ADDRESS 854 FLANDERS R CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME KLEIMAN, IRVING STREET ADDRESS 835 FLANDERS R CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 10 Feb '99 Date Daytime Phone # _____

CR2E037 (11/98)