FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:46

DOCUMENT # 742040 (9)

1. Corporation Name

CAPRI L 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: 02/16/1978

3a. Date of Last Report: 03/24/1994

4. FEI Number: 59-1837527 ☐ 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 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 S ROGERS CIR
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIEDMAN, HAROLD
STREET ADDRESS	KINGS PT. CAPRI L 549
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V
NAME	JAFFE, ETHEL
STREET ADDRESS	KINGS PT. CAPRI L 550
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	ST
NAME	KLINSKY, JACK
STREET ADDRESS	KINGS CAPRI L 554
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	POSNER, MILDRED
STREET ADDRESS	CAPRI L 566
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	SPECTOR, MORRIS
STREET ADDRESS	CAPRI L 538
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	HINKUS, RUTH
STREET ADDRESS	CAPRI L 536
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Jack Klinsky - Secretary, Treasurer 03-08-95 407-495-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0013896