

FILE NOW: FILING FEE IS \$61.25

FILED
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
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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 33487-2816
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16300 Park of Commerce Blvd

2. Principal Place of Business 21 Suite, Apt. #, c 22 City & State 23 Zip 24	2a. Mailing Address 25 29 30
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**PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487**

3. Date Incorporated or Qualified 02/16/1978	3a. Date of Last Report 05/01/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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 N 82 S SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 83 84 C
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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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, HAROLD	1.2 NAME	
STREET ADDRESS	KINGS PT. CAPRI L 549	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAFFE, ETHEL	2.2 NAME	
STREET ADDRESS	KINGS PT. CAPRI L 550	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KLINSKY, JACK	3.2 NAME	
STREET ADDRESS	KINGS CAPRI L 554	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POSNER, MILDRED	4.2 NAME	
STREET ADDRESS	CAPRI L 566	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOJANKOSKY, IRVING	5.2 NAME	
STREET ADDRESS	556 CAPRI L	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HINKUS, RUTH	6.2 NAME	
STREET ADDRESS	CAPRI L 536	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	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: *Jack Klinsky* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *March 12th 1997* Date Daytime Phone # 0038760

CR2E037 (9/96)