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 # 742378 (3)

1. Corporation Name

CAPRI H 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/13/1978
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1848830 ☐ 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

9. Name and Address of Current Registered Agent

CHESTER, HENRY
KINGS PORT CAPRI H337
DELRAY BEACH FL 33484

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		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	SCHAFFER, HELEN	12 NAME
STREET ADDRESS	KINGS PT. CAPRI H 359	13 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	MINTZ, JEANETTE	22 NAME
STREET ADDRESS	KINGS PT. CAPRI H 347	23 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP
TITLE	S	31 TITLE ☐ Change ☐ Addition
NAME	PODRIS, MARY	32 NAME
STREET ADDRESS	KINGS PT. CAPIR H 339	33 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP
TITLE	T	41 TITLE ☐ Change ☐ Addition
NAME	CHESTER, HENRY	42 NAME
STREET ADDRESS	KINGS PT. CAPRI 337	43 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP
TITLE	D	51 TITLE ☐ Change ☐ Addition
NAME	ROSENBERG, ARNOLD	52 NAME
STREET ADDRESS	KINGS PT. CAPRI J 380	53 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP
TITLE	D	61 TITLE ☐ Change ☐ Addition
NAME	TAINSKY, MARTIN	62 NAME
STREET ADDRESS	KINGS PT. CAPRI H 348	63 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL	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)(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: Helen R. Schaffer, HELEN R. SCHAFFER 3/8/95 496-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019843