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 # 742380 (9)

1. Corporation Name

CAPRI J 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

3. Date Incorporated or Qualified: 04/13/1978
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1858770 ☐ Applied For ☐ Not Applicable

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

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

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 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: HOFFMAN, MEYER STREET ADDRESS: KINGS PT. CAPRI J 447 CITY-ST-ZIP: DELRAY BEACH FL 33484	☑ Change ☐ Addition P/D Hoffman, Meyer 447 Capri J Delray Bch, FL 33484
TITLE: V NAME: LANDESMAN, A. STREET ADDRESS: CAPRI J 436 CITY-ST-ZIP: DELRAY BEACH FL	☑ Change ☐ Addition V/D Landesman, A. 436 Capri J Delray Bch, FL 33484
TITLE: ST NAME: FISCHER, SOL STREET ADDRESS: CAPRI J 465 CITY-ST-ZIP: DELRAY BEACH FL	☑ Change ☐ Addition ST/D Fischer, Sol 465 Capri J Delray Bch, FL 33484
TITLE: T NAME: FISCHER, SOL STREET ADDRESS: KINGS CPARI J 465 CITY-ST-ZIP: DELRAY BEACH FL 33484	☑ Change ☐ Addition Soloman, Natty 472 Capri J Delray Bch, FL 33484
TITLE: D NAME: HUREWITZ, IRV STREET ADDRESS: KINGS PT. CAPRI J 451 CITY-ST-ZIP: DELRAY BEACH FL 33484	☐ Change ☐ Addition
TITLE: D NAME: MOISEFF, JOE STREET ADDRESS: KINGS PT. CAPRI J 462 CITY-ST-ZIP: DELRAY BEACH FL 33484	☐ Change ☐ Addition

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: Meyer Hoffman MEYER HOFFMAN — 3/8/95 — 407-499-7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00135??