

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742380 (9)

1. Corporation Name
CAPRI J 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**

3. Date Incorporated or Qualified: **04/13/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1858770**
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

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

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 300001800163
-05/06/96--01016--003
84 City *857.50** **85 Zip Code FL**

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 registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 11 TITLE | AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOFFMAN, MEYER | 12 NAME | RAIBLE, RONALD |
| STREET ADDRESS | 447 CAPRI J | 13 STREET ADDRESS | 6300 PARK OF COMMERCE BLVD. |
| CITY-ST-ZIP | DELRAY BEACH FL | 14 CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 21 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANDESMAN, A. | 22 NAME | SOLOMAN, MARTIN |
| STREET ADDRESS | 436 CAPRI A | 23 STREET ADDRESS | 472 CAPRI J |
| CITY-ST-ZIP | DELRAY BEACH FL | 24 CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, SOL | 32 NAME | FISCHER, SOL |
| STREET ADDRESS | 465 CAPRI J | 33 STREET ADDRESS | 465 CAPRI J |
| CITY-ST-ZIP | DELRAY BEACH FL | 34 CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 41 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FISCHER, SOL | 42 NAME | ARENSTEIN, SEYMOUR |
| STREET ADDRESS | 472 CAPRI J | 43 STREET ADDRESS | 445 CAPRI J |
| CITY-ST-ZIP | DELRAY BEACH FL | 44 CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 51 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUREWITZ, IRV | 52 NAME | COHEN, SID |
| STREET ADDRESS | KINGS PT. CAPRI J 451 | 53 STREET ADDRESS | 453 CAPRI J |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | 54 CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOISEFF, JOE | 62 NAME | |
| STREET ADDRESS | KINGS PT. CAPRI J 463 | 63 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | 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)(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* (NAME OF SIGNING OFFICER) **3/28/96** (DATE) **997-404** (PHONE NUMBER)

CR2E037 (12/95)