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Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 742380  
1. Corporation Name  
**CAPRI J, ASSOCIATION, INC**

Principal Place of Business  
**Prime Management  
6300 Park of Commerce Blvd  
Boca Raton, Fla 33487**

Mailing Address  
**Prime Management  
6300 Park of Commerce Blvd  
Boca Raton, Fla  
33487**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1858770	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81. Name <b>SWATT, MYRON</b>
	82. Street Address (P.O. Box Number is Not Acceptable) <b>6300 Park of Commerce Blvd</b>
	83.
	84. City <b>Boca Raton</b>
	85. Zip Code <b>FL 33487</b>

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: *[Signature]* DATE: *6/17/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Hoffman, Meyer	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	447 Capri J	1.2 NAME	
STREET ADDRESS	Delray Beach Fla	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD Soloman, Martin	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	472 Capri J	2.2 NAME	
STREET ADDRESS	Delray Beach, Fla	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD Fischer, Sol	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	465 Capri J	3.2 NAME	
STREET ADDRESS	Delray Beach Fla	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD Fischer, Sol	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	465 Capri J	4.2 NAME	
STREET ADDRESS	Delray Beach Fla	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DD Arenstein, Seymour	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	458 Capri J	5.2 NAME	
STREET ADDRESS	Delray Beach, Fla	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DD Elison, Philip	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	479 Capri J	6.2 NAME	
STREET ADDRESS	Delray Beach Fla	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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* DATE: *5/1/97*

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (9/96)