

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, FL 32399-0400

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:46

DOCUMENT # 743710

(6)

BURGUNDY P 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 07/25/1978	3a. Date of Last Report 03/24/1994
4. FEI Number 59-1880550	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 taxes under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 S. ROGERS CIR.
BOCA RATON FL 33487

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11. TITLE	☐ Change ☐ Addition
NAME	KAPLAN, DOROTHY R.	12. NAME	
STREET ADDRESS	BURGUNDY P 728	13. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	14. CITY, ST, ZIP	
TITLE	V	21. TITLE	☒ Change ☐ Addition
NAME	WEINBERGER, JACK	22. NAME	
STREET ADDRESS	KINGS PT. BURGUNDY P 760	23. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	24. CITY, ST, ZIP	
TITLE	S	31. TITLE	☐ Change ☐ Addition
NAME	BROADY, SYLVIA	32. NAME	
STREET ADDRESS	BURGUNDY P 739	33. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	34. CITY, ST, ZIP	
TITLE	T	41. TITLE	☐ Change ☐ Addition
NAME	RUBIN, SAM	42. NAME	
STREET ADDRESS	KINGS PT. BURGUNDY P 724	43. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	44. CITY, ST, ZIP	
TITLE	D	51. TITLE	☐ Change ☐ Addition
NAME	SIMON, LEO	52. NAME	
STREET ADDRESS	KINGS PT. BURGUNDY P 731	53. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	54. CITY, ST, ZIP	
TITLE	D	61. TITLE	☐ Change ☐ Addition
NAME	KLEINER, BEATRICE	62. NAME	
STREET ADDRESS	BURGUNDY P 743	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)(b), 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: *Dorothy R Kaplan* DOROTHY R KAPLAN 3/8/95 499-5972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR