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May 19 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 # 743711 (4)
1. Corporation Name
BURGUNDY Q 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 33487-2816

6300 Park of Commerce Blvd

2. Principal Place

21 Suite, Apt. #

22 City & State

23 Zip

24 Country

25 Zip

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3. Date Incorporated or Qualified 07/25/1978

3a. Date of Last Report 05/01/1996

4. FEI Number 59-1877792

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

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 T

82 S SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

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84 C

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 _____ DATE 3/14/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	SEILER, ISIDORE	1.2 NAME	Kezsbom, Bessie
STREET ADDRESS	BURGUNDY Q 789	1.3 STREET ADDRESS	803 Burgundy
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach
TITLE	V	2.1 TITLE	VD
NAME	KEZSBUM, BESSIE	2.2 NAME	Rosen, Ruth
STREET ADDRESS	BURGUNDY Q 803	2.3 STREET ADDRESS	775 Burgundy Q
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach Fla
TITLE	TS	3.1 TITLE	
NAME	BELOFF, FRAN	3.2 NAME	
STREET ADDRESS	780 BURGUNDY Q	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DEGENSTEIN, SAM	4.2 NAME	
STREET ADDRESS	782 BURGUNDY Q	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WEINERMAN, MORRIS	5.2 NAME	
STREET ADDRESS	799 BURGUNDY Q	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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)(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: _____ DATE 3/12/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0039757

CR2E037 (9/96)