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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743711 (4)
1. Corporation Name
BURGUNDY Q ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP INC 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 07/25/1978		
4. FEI Number 59-1877792	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

**SWATT, MYRON
6300 PK OF COMMERCE BLVD
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	85 Zip Code

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, and both, to 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEZSBOM, BESSIE	
STREET ADDRESS	803 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSEN, RUTH	
STREET ADDRESS	775 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	BELOFF, FRAN	
STREET ADDRESS	780 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEGENSTEIN, SAM	
STREET ADDRESS	782 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINERMAN, MORRIS	
STREET ADDRESS	799 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Degenstein, Sam	
1.3 STREET ADDRESS	782 Burgundy Q	
1.4 CITY-ST-ZIP	Delray Beach, Fla 33484	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Weierman, morris	
3.3 STREET ADDRESS	799 Burgundy Q	
3.4 CITY-ST-ZIP	Delray Beach, Fla 33484	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bieber, Doris	
4.3 STREET ADDRESS	777 Burgundy Q	
4.4 CITY-ST-ZIP	Delray Beach Fla 33484	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEVINE, Henry	
6.3 STREET ADDRESS	813 Burgundy Q	
6.4 CITY-ST-ZIP	Delray Beach Fla 33484	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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: *Sam Degenstein*

CR2E037 (10/97)