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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743711

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/25/1978
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1877792
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

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	FL
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, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T WEIMERMAN, MORRIS 799 BURGUNDY Q DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> DELETE	v.p.i.d Lila weiss 809 Burgundy Q	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD ROSEN, RUTH 775 BURGUNDY Q DELRAY BEACH FL	<input type="checkbox"/> DELETE	D Ruth Rosen 775 Burgundy Q	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S BIEBER, DORIS 777 BURGUNDY Q DELRAY BEACH FL 33484	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P DEGENSTEIN, SAM 782 BURGUNDY Q DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> DELETE	D Joe Belanger 772 Burgundy Q	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D WEINERMAN, MORRIS 799 BURGUNDY Q DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	D Bea Kleider 785 Burgundy Q	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D LEVINE, HENRY 813 BURGUNDY Q DELRAY BEACH FL 33484	<input type="checkbox"/> DELETE	T.i.d Henry Levine 813 Burgundy Q	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 10/2/99 561 637 8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)