

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743712 (2)

1. Corporation Name

FLANDERS A 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

3. Date Incorporated or Qualified
07/25/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1886746

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

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME VERTER, IRVING I.
STREET ADDRESS 46 FLANDERS A
CITY-ST-ZIP DELRAY BEACH FL

11 TITLE AGENT ☐ Change ☒ Addition
12 NAME RAIBLE, RONALD
13 STREET ADDRESS 6300 PARK OF COMMERCE BLVD.
14 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VT ☐ DELETE
NAME CALDERONE, HYMAN
STREET ADDRESS 44 FLANDERS A
CITY-ST-ZIP DELRAY BEACH FL

21 TITLE V ☒ Change ☐ Addition
22 NAME CALDERON, HYMAN
23 STREET ADDRESS 44 FLANDERS A
24 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME FAIN, ROSE
STREET ADDRESS KINGS PT. FLANDERS A 41
CITY-ST-ZIP DELRAY BEACH FL

31 TITLE T ☒ Change ☐ Addition
32 NAME FAIN, ROSE
33 STREET ADDRESS 41 FLANDERS A
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MICHELBERG, IRVING
STREET ADDRESS 28 FLANDERS A
CITY-ST-ZIP DELRAY BEACH FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS 200001808192
44 CITY-ST-ZIP -05/06/96--01016--005

TITLE D ☐ DELETE
NAME MYLES, ROSE
STREET ADDRESS FLANDERS A 21
CITY-ST-ZIP DELRAY BEACH FL

51 TITLE ***857.50 ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME SILVERBERG, ISADORE
STREET ADDRESS 12 FLANDERS A
CITY-ST-ZIP DELRAY BEACH FL

61 TITLE S ☐ Change ☒ Addition
62 NAME DRUSKIN, ROSEMARY
63 STREET ADDRESS 7 FLANDERS A
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)(k), 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:

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)