

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743712 (2)**  
1. Corporation Name  
**FLANDERS A ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified <b>07/25/1978</b>		
4. FEI Number <b>59-1886746</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		81	Name
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent		
ess (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

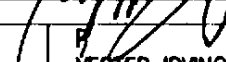
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature [Signature] typed or printed name Registered agent and title if applicable

(NOTE: Registered Agent signature required when reinslating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13.	
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	VERTER, IRVING I.		1.2 NAME		
STREET ADDRESS	46 FLANDERS A		1.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		V
NAME	CALDERONE, HYMAN		2.2 NAME		Ca
STREET ADDRESS	44 FLANDERS A		2.3 STREET ADDRESS		44
CITY - ST - ZIP	DELRAY BEACH FL		2.4 CITY - ST - ZIP		De
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	FAIN, ROSE		3.2 NAME		
STREET ADDRESS	41 FLANDERS A		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL		3.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		D
NAME	MICHELBERG, IRVING		4.2 NAME		MI
STREET ADDRESS	28 FLANDERS A		4.3 STREET ADDRESS		28
CITY - ST - ZIP	DELRAY BEACH FL		4.4 CITY - ST - ZIP		De
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		
NAME	MYLES, ROSE		5.2 NAME		
STREET ADDRESS	FLANDERS A 21		5.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL		5.4 CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		D
NAME	DRUSKIN, ROSEMARY		6.2 NAME		RU
STREET ADDRESS	7 FLANDERS A		6.3 STREET ADDRESS		50
CITY - ST - ZIP	DELRAY BCH FL		6.4 CITY - ST - ZIP		100

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
nderon, Jaime Flanders A IRAY Beach, Fla 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Kelberg, Isadore Flanders A ray Beach, Fla 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
bin, Frances Flanders A ray Beach Fla. 33484	<input type="checkbox"/> Change <input checked="" 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.

**SIGNATURE:**

James Sullivan

3-11-98 561 2494

CR2E037 (10/97)