FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:46

DOCUMENT # **744900** **(2)**

BURGUNDY D 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1978**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1915834** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under § 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

BROOKS, FLORENCE
KINGS POINT BURGUNDY D157
DELRAY BEACH FL 33445

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
(If changing Registered Agent, New Registered Agent must sign here.) (If changing Registered Agent, Former Registered Agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
10 TITLE	P *	11 TITLE	☐ Change ☐ Addition
11 NAME	ROSOFKSY, MILTON	12 NAME	
12 STREET ADDRESS	KINGS PT. BURGUNDY D 154	13 STREET ADDRESS	
13 CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
20 TITLE	VP *	21 TITLE	☐ Change ☐ Addition
21 NAME	BLANK, HY	22 NAME	
22 STREET ADDRESS	KINGS PT. BURGUNDY D 156	23 STREET ADDRESS	
23 CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
30 TITLE	S *	31 TITLE	☐ Change ☐ Addition
31 NAME	BROOKS, FLORENCE	32 NAME	
32 STREET ADDRESS	KINGS PT. BURGUNDY D 157	33 STREET ADDRESS	
33 CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	
40 TITLE	D *	41 TITLE	☐ Change ☐ Addition
41 NAME	HOLLANDER, VIOLET	42 NAME	
42 STREET ADDRESS	KINGS PT. BURGUNDY D 174	43 STREET ADDRESS	
43 CITY ST ZIP	DELRAY BEACH FL 33484	44 CITY ST ZIP	
50 TITLE	TD *	51 TITLE	☐ Change ☐ Addition
51 NAME	RUSSO, ANNETTE	52 NAME	
52 STREET ADDRESS	BURGUNDY D 190	53 STREET ADDRESS	
53 CITY ST ZIP	DELRAY BEACH FL 33484	54 CITY ST ZIP	
60 TITLE	D *	61 TITLE	☐ Change ☐ Addition
61 NAME	SALPETER, SAM	62 NAME	
62 STREET ADDRESS	BURGUNDY D 146	63 STREET ADDRESS	
63 CITY ST ZIP	DELRAY BEACH FL 33484	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/13/95 407-499-8759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013893