

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Moultrie  
Secretary of State  
DIVISION OF CORPORATIONS

FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:46

DOCUMENT # **744901** (0)  
BURGUNDY E ASSOCIATION, INC.

Principal Place of Business: **PRIME MANAGEMENT GROUP, INC  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487**

Mailing Address: **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: **59-1909210**      Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$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 intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

State, Apt. #, etc.: **22**      State, 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

**RAIBLE, RONALD  
1051 SOUTH ROGERS CIRCLE  
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 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: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	NAME: <b>BECKERMAN, AARON</b> STREET ADDRESS: <b>KINGS PT. BURGUNDY E 206</b> CITY, ST, ZIP: <b>DELRAY BEACH FL</b>	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>V</b>	NAME: <b>LEVINE, SAUL</b> STREET ADDRESS: <b>KINGS PT. E 225</b> CITY, ST, ZIP: <b>DELRAY BEACH FL</b>	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>S</b>	NAME: <b>LOKITZ, RUTH</b> STREET ADDRESS: <b>KINGS PT. BURGUNDY D 226</b> CITY, ST, ZIP: <b>DELRAY BEACH FL</b>	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>TD</b>	NAME: <b>LOKITZ, SIDNEY</b> STREET ADDRESS: <b>KINGS PT. BURGUNDY E 226</b> CITY, ST, ZIP: <b>DELRAY BEACH FL</b>	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>D</b>	NAME: <b>BERGER, SIDNEY</b> STREET ADDRESS: <b>KINGS PT. BURGUNDY E 200</b> CITY, ST, ZIP: <b>DELRAY BEACH FL</b>	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>D</b>	NAME: <b>TIEGER, MAX</b> STREET ADDRESS: <b>KINGS PT. BURGUNDY E 199</b> CITY, ST, ZIP: <b>DELRAY BEACH FL</b>	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 139.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Saul Levine* - SAUL LEVINE      3/8/95      (807) 499-0789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR