

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744901 (0)

1. Corporation Name
BURGUNDY E ASSOCIATION, INC.



Principal Place of Business Mailing Address
PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified **11/13/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
4. FEI Number **59-1909210** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country
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 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **800001808218**
-05/06/96--01016--007
84 City *****857.50** 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERMAN, AARON	1.2 NAME	BECKERMAN, AARON
STREET ADDRESS	KINGS PT. BURGUNDY E 206	1.3 STREET ADDRESS	206 BURGUNDY E
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, SAUL	2.2 NAME	LEVINE, SAUL
STREET ADDRESS	KINGS PT. E 225	2.3 STREET ADDRESS	225 BURGUNDY E
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOKITZ, RUTH	3.2 NAME	RAIBLE, RONALD
STREET ADDRESS	KINGS PT. BURGUNDY D 226	3.3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOKITZ, SIDNEY	4.2 NAME	LOKITZ, SIDNEY
STREET ADDRESS	KINGS PT. BURGUNDY E 226	4.3 STREET ADDRESS	226 BURGUNDY E
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, SIDNEY	5.2 NAME	SHAMAH, STANLEY
STREET ADDRESS	KINGS PT. BURGUNDY E 200	5.3 STREET ADDRESS	217 BURGUNDY E
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEGER, MAX	6.2 NAME	M.M.
STREET ADDRESS	KINGS PT. BURGUNDY E 199	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	3-14-96

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: *Saul Levine* OFFICER OR DIRECTOR DATE: **3-28-96** DAYTIME PHONE: **9974045-96**

CR2E037 (12/95)