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FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 744901
1. Corporation Name
BURGUNDY, E ASSOCIATION, INC

Principal Place of Business Mailing Address
PRIME Management Group, INC PRIME Management Group
10300 Park of Commerce Blvd 10300 Park of Commerce Blvd
BOCA RATON, FL 33487 BOCA RATON, FL 33487

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

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FEI Number 59-1909210 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
81 Name **SWATT, MYRON**
82 Street Address (P.O. Box Number is Not Acceptable) **10300 Park of Commerce Blvd**
83
84 City **Boca Raton** FL 85 Zip Code **33487**

10. Name and Address of New Registered Agent
81 Name **SWATT, MYRON**
82 Street Address (P.O. Box Number is Not Acceptable) **10300 Park of Commerce Blvd**
83
84 City **Boca Raton** FL 85 Zip Code **33487**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **6/17/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	LEXINE, SAUL	<input type="checkbox"/> DELETE
NAME		225 Burgundy E	
STREET ADDRESS		Delray Beach, FL	
CITY-ST-ZIP			
TITLE	VP/DITRES	LOKITZ, BIDNEY	<input type="checkbox"/> DELETE
NAME		224 Burgundy E	
STREET ADDRESS		Delray Beach, FL	
CITY-ST-ZIP			
TITLE	SD	LOKITZ, RUTH	<input type="checkbox"/> DELETE
NAME		226 Burgundy E	
STREET ADDRESS		Delray Beach, FL	
CITY-ST-ZIP			
TITLE	DB	BECKERMAN, AARON	<input type="checkbox"/> DELETE
NAME		206 Burgundy E	
STREET ADDRESS		Delray Beach, FL	
CITY-ST-ZIP			
TITLE	DB	SHAMAH, STANLEY	<input type="checkbox"/> DELETE
NAME		217 Burgundy E	
STREET ADDRESS		Delray Beach, FL	
CITY-ST-ZIP			
TITLE	DB	RIEGER, MAX	<input type="checkbox"/> DELETE
NAME		199 Burgundy E	
STREET ADDRESS		Delray Beach, FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Saul Levine* 5/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)