

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90046 026 ****61.25

DOCUMENT # 744901

1. Corporation Name

BURGUNDY E ASSOCIATION, INC.

Principal Place of Business

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/13/1978

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

9. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PARK OF COMMERCE BLVD
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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVINE, SAUL
STREET ADDRESS 225 BURGUNDY E
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE

TITLE VPDT
NAME LOKITZ, SIDNEY
STREET ADDRESS 226 BURGUNDY E
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE

TITLE SD
NAME LOKITZ, RUTH
STREET ADDRESS 226 BURGUNDY E
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE

TITLE D
NAME TIEGER, RONALD
STREET ADDRESS 199 BURGUNDY E
CITY-ST-ZIP DELRAY BEACH FL 33484
☒ DELETE

TITLE DD
NAME TIEGER, MAX
STREET ADDRESS 199 BURGUNDY E
CITY-ST-ZIP DELRAY BEACH FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.
1.2 NAME Aaron Beckerman
1.3 STREET ADDRESS 206 Burgundy E
1.4 CITY-ST-ZIP Delray Beach, FL 33484
☐ Change ☒ Addition

2.1 TITLE up.D
2.2 NAME Morris Baum
2.3 STREET ADDRESS 214 Burgundy E
2.4 CITY-ST-ZIP
☐ Change ☒ Addition

3.1 TITLE S.D
3.2 NAME Frances Leavitt
3.3 STREET ADDRESS 211 Burgundy E
3.4 CITY-ST-ZIP
☐ Change ☒ Addition

4.1 TITLE T.D
4.2 NAME Chester Leavitt
4.3 STREET ADDRESS 211 Burgundy E
4.4 CITY-ST-ZIP
☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME Kenneth Jamron
5.3 STREET ADDRESS 212 Burgundy E
5.4 CITY-ST-ZIP
☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Herbert Schechter
6.3 STREET ADDRESS 215 Burgundy E
6.4 CITY-ST-ZIP
☐ Change ☒ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-10-99

Date

Daytime Phone #

CR2E037 (11/98)