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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/13/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1909210	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$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
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, SAUL	
STREET ADDRESS	225 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPDT	<input checked="" type="checkbox"/> DELETE
NAME	LOKITZ, SIDNEY	
STREET ADDRESS	226 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOKITZ, RUTH	
STREET ADDRESS	226 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIEGER, RONALD	
STREET ADDRESS	199 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	TIEGER, MAX	
STREET ADDRESS	199 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.D. Aaron Beckerman	
1.3 STREET ADDRESS	206 Burgundy E	
1.4 CITY-ST-ZIP	DeLray Beach, FL 33484	
2.1 TITLE	VP.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Morris Baum	
2.3 STREET ADDRESS	214 Burgundy E	
2.4 CITY-ST-ZIP		
3.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frances Leavitt	
3.3 STREET ADDRESS	211 Burgundy E	
3.4 CITY-ST-ZIP		
4.1 TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chester Leavitt	
4.3 STREET ADDRESS	211 Burgundy E	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kenneth Jamron	
5.3 STREET ADDRESS	212 Burgundy E	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Herbert Schechter	
6.3 STREET ADDRESS	215 Burgundy E	
6.4 CITY-ST-ZIP		

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: _____ DATE: 2-10-99 DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)