FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY -1 AM 11:45

DOCUMENT # **745989** **(4)**

1. Corporate Name
CAPRI C ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1951433 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, 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

LUBIN, ARCHIE
KINGS POINT CAPRI C, APT. 141
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

31 Name: Ronald Raible
32 Street Address (P.O. Box Number is Not Acceptable)
33: 1051 S. Rogers Cir.
34 City: Boca Raton FL 35 Zip Code: 33487

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: [signature] DATE
(If changing Registered Agent, Registered Agent must sign above)
(If not, Registered Agent's signature required below, indicating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN '95	
101	P	111	☑ Change ☐ Addition
NAME	LUBIN, ARCHIE	112 NAME	Krause, Sanford
STREET ADDRESS	KINGS PT. CAPRI C 141	113 STREET ADDRESS	145 Capri F
CITY ST ZIP	DELRAY BEACH FL	114 CITY ST ZIP	Delray Bch. FL 33484
101	V	121	☑ Change ☐ Addition
NAME	KRAUSE, SANFORD	122 NAME	Bolenstein, Henry
STREET ADDRESS	KINGS PT. CAPRI C 141	123 STREET ADDRESS	85 Capri C
CITY ST ZIP	DELRAY BEACH FL	124 CITY ST ZIP	Delray Bch. FL 33484
101	S	131	☐ Change ☐ Addition
NAME	TROSKIN, SYLVIA	132 NAME	
STREET ADDRESS	KINGS PT. CAPRI C 101	133 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	134 CITY ST ZIP	
101	TD	141	☐ Change ☐ Addition
NAME	WANDERMAN, FRED	142 NAME	
STREET ADDRESS	KINGS PT. CAPRI C 133	143 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	144 CITY ST ZIP	
101	D	151	☐ Change ☐ Addition
NAME	ASCH, ALEX	152 NAME	
STREET ADDRESS	KINGS PT. CAPRI C 123	153 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	154 CITY ST ZIP	
101	D	161	☐ Change ☐ Addition
NAME	RADO, NAT	162 NAME	
STREET ADDRESS	KINGS PT. CAPRI 130	163 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	164 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: Sanford Krause Sanford Krause 3/8/95 407-499-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013681