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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **745989**

1. Corporation Name
CAPRI C ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/16/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1951433 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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 PRK OF COMMERCE BLVD
1051 S ROGERS CIR
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KRAUSE, SANFORD		1.2 NAME		
STREET ADDRESS	143 CAPRI C		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BORENSTEIN, HENRY		2.2 NAME		
STREET ADDRESS	128 CAPRI C		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TROSKIN, SYLVIA		3.2 NAME		
STREET ADDRESS	101 CAPRI C		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WANDERMAN, FRED		4.2 NAME		
STREET ADDRESS	133 CAPRI C		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ASCH, ALEX		5.2 NAME		
STREET ADDRESS	123 CAPRI C		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	DD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, JOSEPH		6.2 NAME		
STREET ADDRESS	115 CAPRI C		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		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: Myron Swatt SIGNATURE REQUIRED 2/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)