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CORPORATION ANNUAL REPORT

1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:45

DOCUMENT # **745990** **(2)**

1. Corporate Name

CAPRI E 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: **06/03/1994**
4. FEI Number: **59-1940066** ☐ 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 intangible 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RAIBLE, RONALD P.
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 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
TITLE	P *	11 TITLE ☐ Change ☐ Addition
NAME	HALL, HOWARD	12 NAME
STREET ADDRESS	KINGS PT. CAPRI E 201	13 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL 33484	14 CITY ST ZIP
TITLE	VP *	21 TITLE ☐ Change ☐ Addition
NAME	FRADIN, LOU	22 NAME
STREET ADDRESS	KINGS PT. CAPRI E 229	23 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL 33484	24 CITY ST ZIP
TITLE	S	31 TITLE ☐ Change ☐ Addition
NAME	KAPLAN, ROSE	32 NAME
STREET ADDRESS	KINGS PT. CAPRI E 211	33 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL 33484	34 CITY ST ZIP
TITLE	TD *	41 TITLE ☐ Change ☐ Addition
NAME	KIRSCH, LEON	42 NAME
STREET ADDRESS	KINGS PT. CAPRI E 193	43 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL 33484	44 CITY ST ZIP
TITLE	D *	51 TITLE ☐ Change ☐ Addition
NAME	GERSHENSON, AL	52 NAME
STREET ADDRESS	KINGS PT. CAPRI E 202	53 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL 33484	54 CITY ST ZIP
TITLE	D *	61 TITLE ☐ Change ☐ Addition
NAME	INSUIK, BERNICE	62 NAME
STREET ADDRESS	KINGS PT. CAPRI E 221	63 STREET ADDRESS
CITY ST ZIP	DELRAY BEACH FL 33484	64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: H.B. Hall H.B. HALL 3/8/95 499-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013591