

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745990 (2)

1. Corporation Name
CAPRI E ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **02/16/1979** 3a. Date of Last Report **05/01/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 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 **6300 1808155
-05/06/96--01016--003**
84 City *****857.50** 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	HALL, HOWARD KINGS PT. CAPRI E 201 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> DELETE	11 TITLE P	LEBED, MEYER 212 CAPRI E delray beach fl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	FRADIN, LOU KINGS PT. CAPRI E 229 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> DELETE	21 TITLE V	KAPLAN, ROSE 211 CAPRI E DELRAY BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	KAPLAN, ROSE KINGS PT. CAPRI E 211 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> DELETE	31 TITLE S	BOGARTZ, JOSEPH 200 CAPRI E DELRAY BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	KIRSCH, LEON KINGS PT. CAPRI E 193 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> DELETE	41 TITLE T	SOLOMON, LAWRENCE 231 CAPRI E DELRAY BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	GERSHENSON, AL KINGS PT. CAPRI E 202 DELRAY BEACH FL 33484 <input type="checkbox"/> DELETE	51 TITLE AGENT	RAIBLE, RONALD 6300 PARK OF COMMERCE BOCA RATON, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	INSUIK, BERNICE KINGS PT. CAPRI E 221 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> DELETE	61 TITLE T	FENTIN, LEON 216 CAPRI E DELRAY BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)(k), 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 alternate address.

SIGNATURE: *Joseph Bogartz* OR DIRECTOR **3-28-96** Daytime Phone # **9974045**

CR2E037 (12/95)