FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:45

DOCUMENT # **746643** **(6)**

1. Corporation Name

CAPRI F 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: 04/05/1979
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1972477 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ____ 2a. Mailing Address 26 ____
Suite, Apt. #, etc. 22 ____ Suite, Apt. #, etc. 27 ____
City & State 23 ____ City & State 28 ____
Zip 24 ____ Country 25 ____ Zip 29 ____ Country 30 ____

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

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
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 ______ Registered Agent signature (NOTE: Registered Agent signature required when reinstating) DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KIPRAIS, JACK	1.2 NAME	
STREET ADDRESS	KINGS PT. CAPRI E 286	1.3 STREET ADDRESS	
CITY ST. ZIP	DELRAY BEACH FL	1.4 CITY ST. ZIP	
TITLE	V	2.1 TITLE	D ☑ Change ☐ Addition
NAME	SILVERMAN, LOUIS	2.2 NAME	Silverman, Louis
STREET ADDRESS	CAPRI F 251	2.3 STREET ADDRESS	251 Capri F
CITY ST. ZIP	DELRAY BEACH FL	2.4 CITY ST. ZIP	Delray Bch, FL 33484
TITLE	S	3.1 TITLE	STD ☑ Change ☐ Addition
NAME	BIAL, NORMAN	3.2 NAME	Bial, Norman
STREET ADDRESS	KINGS PT. CAPRI 247	3.3 STREET ADDRESS	247 Capri
CITY ST. ZIP	DELRAY BEACH FL	3.4 CITY ST. ZIP	Delray Bch, FL 33484
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BARASH, MILTON	4.2 NAME	
STREET ADDRESS	CAPRI F 257	4.3 STREET ADDRESS	
CITY ST. ZIP	DELRAY BEACH FL	4.4 CITY ST. ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, IRVING	5.2 NAME	
STREET ADDRESS	KINGS PT. CAPRI F 253	5.3 STREET ADDRESS	
CITY ST. ZIP	DELRAY BEACH FL	5.4 CITY ST. ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MASCOOP, PEARL	6.2 NAME	
STREET ADDRESS	CAPRI F 271	6.3 STREET ADDRESS	
CITY ST. ZIP	DELRAY BCH. FL	6.4 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)(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 attachment with an address.

SIGNATURE: Jack Kiprais
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95 Date

(407) 498-1465 Daytime Phone #

0013580