

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **04/05/1979** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1972477	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	100001808181 -05/06/96--01016--004		
				84	City	***857.50	85

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 re-appointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIPRAIS, JACK		1 2 NAME	KIPRAIS, JACK			
STREET ADDRESS	KINGS PT. CAPRI E 286		1 3 STREET ADDRESS	286 CAPRI E			
CITY-ST-ZIP	DELRAY BEACH FL		1 4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SILVERMAN, LOUIS		2 2 NAME	KLATSKY, MAC			
STREET ADDRESS	CAPRI F 251		2 3 STREET ADDRESS	281 CAPRI E			
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3 1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIAL, NORMAN		3 2 NAME	BIAL, NORMAN			
STREET ADDRESS	247 CAPRI F		3 3 STREET ADDRESS	247 CAPRI E			
CITY-ST-ZIP	DELRAY BEACH FL		3 4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4 1 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARASH, MILTON		4 2 NAME	RAIBLE, RONALD	<i>m.m.</i>		
STREET ADDRESS	CAPRI F 257		4 3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD	<i>3-20-96</i>		
CITY-ST-ZIP	DELRAY BEACH FL		4 4 CITY-ST-ZIP	BOCA RATON, FL 33487			
TITLE	D	<input type="checkbox"/> DELETE	5 1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SINGER, IRVING		5 2 NAME	SINGER, IRVING			
STREET ADDRESS	KINGS PT. CAPRI F 253		5 3 STREET ADDRESS	253 CAPRI E			
CITY-ST-ZIP	DELRAY BEACH FL		5 4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6 1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASCOOP, PEARL		6 2 NAME	MASCOOP, PEARL			
STREET ADDRESS	CAPRI F 271		6 3 STREET ADDRESS	271 CAPRI E			
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: *Milton Barash* 3-29-96 9974045
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)