FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

Principal Place of Business

(2)

**FILED** May 01 1996 8:00 am Secretary of State

		416   1836

NUKMANUY	υ	ASSOCIATION,	INC

PRIME MANAGEMENT GROUP, INC.

Mailing Address

PRIME MANAGEMENT GROUP INC

BOCA RATO		1051 SOUTH ROGERS BOCA RATON FL 3348	CIRCLE			3. Date Incorporated or Qualified 04/11/1979	3a. Date o	Last Re	
·	tace of Business	2a. Mailing Address				4. FEI Number	1	<del></del>	polied For
21	***	26				59-2053338		<b>→</b> <del>·</del>	ot Applicable
Suite, Apt.  22  City & State		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	4	Additional
Zip Zip	Country	City & State	T-0	<b></b>		Election Campaign Financing     Trust Fund Contribution		Added t	
24	25	Zip <b>29</b>	Country 30	<i>'</i>		8. This corporation has liability for inf		ders 19	<del>39</del> .032,
	9. Name and Address of Cui		130			Florida Statutes  10. Name and Address of New Re	Yes Who		
			81	IN	Jame	TO. HARING WITH MUCHES OF HEW ME	Aleteles Maei	1	
RAIBLE.	RONALD			l			1		
	OUTH ROGERS CIRCLE		62	S	Street Addre	ess (P.O. Box Number is Not Acceptable			
	ATON FL 33487		83	<del> </del>					
555/11	-			<u>L</u>					
			84	С	City		FI 85	Zip C	ode
familiar wi	th, and accept the obligations of, S Signature, typed or printed name of registered a	ection 617.0503, Florida Statutes.	ed by the corp  TE Registered Age		HOITS BOATC	tion submits this statement for the purport of directors. I hereby accept the appoint	tunent as regis	tered ag	jent. I am
12.		AND DIRECTORS	13.		·	ADDITIONS CHANGES TO OFFIC		CTORS	3 IN 12
THTLE	Р	<b>→</b> DELETE	1.1 TITLE			AGENT	☐ Chi		Addition
NAME	PECK, TEDDY		1.2 NAME			RAIBLE, RONALD		Х	:X
STREET ADDRESS	148 NORMANDY D		1 3 STREET	ADD	RESS	6300 PARK OF COM	MEDOR 1	OT 17F	_
CITY - ST - ZIP	DELRAY BEACH FL		14 CITY - S	1 - ZH	Р	BOCA DATION OF COM	MERCE :	2 L; V L	, .
TITLE	V	DEFELE	2 1 TITLE			BOCA RATON, FL 3	XXUh	inge (	Addition
NAME	KAUTMAN, FRED		2 2 NAME			KAUFMAN, FRED			
STREET ADDRESS	159 NORMANDY D		2 3 STREET	ADD	RESS	159 NORMANDY D			
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY - S	ST - ZI	IP				
TITLE	SDT	☐ DELETE	3 1 TITLE			8	X Cha	inge [	Addition
NAME	STENGEL, MARY		3 2 NAME			STENGEL, MARY			
STREET ADDRESS	170 NORMANDY D		3 3 STREET	IOCA	RESS	170 NORMANDY D			
CITY-ST-ZIP TITLE	DELRAY BEACH FL	Cloriere	3.4. CITY - S	31 - Zi	P				
NAME	YATCHIE DITA	☐ DEL <b>ETE</b>	41 TITLE		1	១០០០០០ ខេត្ត		nge	Addition
STREET ADDRESS	YATCHIE, RITA KINGS PT. NORMANDY D	405	4 2 NAME			-05/06/960101	Snn4		
CITY-ST-ZIP	DELRAY BEACH FL	COI	4 3 STREET			***857.50	U 001		
TITLE	DEUTAT DEACH FL	<b>₩</b> DELETE	4.4 CITY - S	T - ZIP					
NAME	BRODY, WILLIAM	₹ Decent	5 1 TITLE			D	Cna	nge 🥻	Addition
STREET ADDRESS	KINGS PT. NORMANDY D	180	52 NAME			RUTER_SITOMER, S	YLVIA		
CITY-ST-ZIP	DELRAY BEACH FL	IUL	53 STREFT			168 NORMANDY D			
			■ 5.4 CHY-S1	L - 78P	, 1				

**DELRAY BEACH FL** 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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 I THILE

6.2 NAME

63 STREET ADDRESS

SIGNATURE: \_

PECK, TED

**NORMANDY D 148** 

NAME

STREET ADDRESS

CITY-ST-ZIP

-- SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change ☐ Addition