

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 # 746769 (9)
1. Corporation Name
NORMANDY H ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 04/17/1979
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1991175
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

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 officer 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, JEAN	
STREET ADDRESS	KINGS PT. NORMANDY H 344	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRODSKY, HAROLD	
STREET ADDRESS	KINGS PT. NORMANDY H 358	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, ROSE	
STREET ADDRESS	KINGS PT. NORMANDY H 373	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, JULIUS	
STREET ADDRESS	KINGS PT. NORMANDY H 372	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACKLOWITZ, ROZ	
STREET ADDRESS	KINGS PT. NORMANDY H 382	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REISS, ROSE	
STREET ADDRESS	KINGS PT. NORMANDY H 365	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERKOWITZ, JEAN	
1.3 STREET ADDRESS	344 NORMANDY H	
1.4 CITY-ST-ZIP		
2.1 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAIBLE, RONALD	
2.3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	COHEN, LOUIS	
3.3 STREET ADDRESS	345 NORMANDY H	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	600001808216	
4.3 STREET ADDRESS	-05/06/96--01016--007	
4.4 CITY-ST-ZIP	***057.50	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GOLDSTEIN, MURRAY	
5.3 STREET ADDRESS	356 NORMANDY H	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	M.M	
6.3 STREET ADDRESS	3-14-96	
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: Julius Kaufman (Signature) JULIUS KAUFMAN (Printed Name)
Date: 3-29-96
Daytime Phone #: 9974045

CR2E037 (12/95)