

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-headers 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE: P, NAME: BERKOWITZ, JEAN, STREET ADDRESS: KINGS PT. NORMANDY H 344, CITY-ST-ZIP: DELRAY BEACH FL
 TITLE: V, NAME: BRODSKY, HAROLD, STREET ADDRESS: KINGS PT. NORMANDY H 358, CITY-ST-ZIP: DELRAY BEACH FL
 TITLE: S, NAME: ROSENBERG, ROSE, STREET ADDRESS: KINGS PT. NORMANDY H 373, CITY-ST-ZIP: DELRAY BEACH FL
 TITLE: TD, NAME: KAUFMAN, JULIUS, STREET ADDRESS: KINGS PT. NORMANDY H 372, CITY-ST-ZIP: DELRAY BEACH FL
 TITLE: D, NAME: MACKLOWITZ, ROZ, STREET ADDRESS: KINGS PT. NORMANDY H 382, CITY-ST-ZIP: DELRAY BEACH FL
 TITLE: D, 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, 1.2 NAME: BERKOWITZ, JEAN, 1.3 STREET ADDRESS: 344 NORMANDY H
 2.1 TITLE: AGENT, 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, 3.2 NAME: COHEN, LOUIS, 3.3 STREET ADDRESS: 345 NORMANDY H
 4.1 TITLE: 600001808216, 4.2 NAME: -05/06/96--01016--007, 4.3 STREET ADDRESS: ***057.50
 5.1 TITLE: D, 5.2 NAME: GOLDSTEIN, MURRAY, 5.3 STREET ADDRESS: 356 NORMANDY H
 6.1 TITLE: M.M., 6.2 NAME: 3-14-96

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 (typed name) 3-29-96 (Date) 9974045- (Daytime Phone #)

CR2E037 (12/95)