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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33487-2816

3. Date Incorporated or Qualified: 04/17/1979  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-1991175  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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: PRIME MGMT. GROUP, INC. 6300 PRK. OF COMMERCE BLVD BOCA RATON, FL. 33487  
2a. Mailing Address: (same as above)  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. [ ] 25. [ ] 29. [ ] 30. [ ]

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: SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487

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... 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: [Signature] (NOTE: Registered Agent signature required when reinstating)

Table with 6 rows of officer/director information (Block 12). Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

Table with 6 rows of additions/changes to officers/directors (Block 13). Columns: 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4, and checkboxes for Change/Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date: 3/12/97 Daytime Phone #: 4958397

CR2E037 (9/96)