

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90013 015 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 749480**

1. Corporation Name  
**PIEDMONT "C" ASSOCIATION, INC.**

Principal Place of Business  
**PRIME MGMT GROUP INC.  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487  
 US**

Mailing Address  
**PRIME MGMT GROUP INC.  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487  
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/23/1979	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2058370	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SWATT, MYRON                  6300 PARK OF COMMERCE BLVD.                  BOCA RATON FL 33487</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTER, SIDNEY	1.2 NAME	
STREET ADDRESS	131 PIEDMONT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, CHIESA	2.2 NAME	Brno, Chiesia
STREET ADDRESS	PIEDMONT C #116	2.3 STREET ADDRESS	116 Piedmont C
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORINE, KAYE	3.2 NAME	
STREET ADDRESS	PIEDMONT C #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERGER, BERNARD	4.2 NAME	
STREET ADDRESS	PIEDMONT C #117	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, PHILIP	5.2 NAME	
STREET ADDRESS	127 PIEDMONT C	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, ARTHUR	6.2 NAME	
STREET ADDRESS	PIEDMONT C 120	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2-11-99 DAYTIME PHONE #: 498 0587

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CR2E037-1198