

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749487** (5)

1. Corporation Name
PIEDMONT "J" ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **10/23/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

4. FEI Number **59-1998536** Applied For Not Applicable
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

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. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	GROSSBERG, JULES
STREET ADDRESS	KINGS PT PIEDMONT J472
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WEITZ, HAROLD
STREET ADDRESS	KINGS PT PIEDMONT J469
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KLEIMAN, RUTH
STREET ADDRESS	KINGS PT PIEDMONT J459
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FRIEDMAN, YETTA
STREET ADDRESS	KINGS PT. PIEDMONT J464
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GILVARY, MARIE
STREET ADDRESS	KINGS PT. PIEDMONT J 468
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KIMMELMAN, HELEN
STREET ADDRESS	KINGS PT. PIEDMONT J 449
CITY - ST - ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
11. TITLE	AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	RAIBLE, RONALD
13. STREET ADDRESS	6300 PARK OF COMMERCE BLVD
14. CITY - ST - ZIP	BOCA RATON, FL 33487
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	900001808189 <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	-05/06/96 -- 01016 -- 085
53. STREET ADDRESS	***857.50
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	M. M.
63. STREET ADDRESS	3-14-96
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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Kimmelman **Helen Kimmelman** VING OFFICER OR DIRECTOR

3-28-96 9974045-377

CR2E037 (12/95)