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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749489

(1)

1. Corporation Name

PIEDMONT "L" ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

C/O 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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WEITZBERG, WILLY
STREET ADDRESS KINGSPONT PIEDMONT L 569
CITY-ST-ZIP DELRAY BEACH FL

TITLE V ☒ DELETE

NAME WOLFE, CARL
STREET ADDRESS KINGS PT PIEDMONT L 533
CITY-ST-ZIP DELRAY BEACH FL

TITLE ST ☐ DELETE

NAME GELLER, JANET
STREET ADDRESS KINGS PT. PIEDMONT L 532
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME BORUCK, JERRY
STREET ADDRESS KINGS PT. PIEDMONT L 550
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☒ DELETE

NAME LEVINE, AL
STREET ADDRESS 576 PIEDMONT L
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME KAHN, SIDNEY
STREET ADDRESS 553 PIEDMONT L
CITY-ST-ZIP DELRAY BEACH FL

11 TITLE AGENT ☐ Change ☒ Addition

12 NAME RAIBLE, RONALD
13 STREET ADDRESS 6300 PARK OF COMMERCE BLVD.
14 CITY-ST-ZIP BOCA RATON, FL 33487

21 TITLE D ☐ Change ☒ Addition

22 NAME REISCH, JOSEPH
23 STREET ADDRESS 568 PIEDMONT L
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME 800001808178
33 STREET ADDRESS -05/06/96--01016--004
34 CITY-ST-ZIP ***857.50

41 TITLE ☐ Change ☐ Addition

42 NAME m.m
43 STREET ADDRESS 3-14-96
44 CITY-ST-ZIP

51 TITLE D ☐ Change ☒ Addition

52 NAME GOLDMAN, SYDNEY
53 STREET ADDRESS 556 PIEDMONT L
54 CITY-ST-ZIP

61 TITLE V ☒ Change ☐ Addition

62 NAME KAHN, SIDNEY
63 STREET ADDRESS 553 PIEDMONT L
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 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

TYPED OR PRINTED NAME

TITLE OF OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3-28-96

9974045

CR2E037 (12/95)