

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Wehler
Secretary of State
City Office: 1111 ATLANTIC

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY - 1 AM 11:46

DOCUMENT # **744903** (6)

BURGUNDY J 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**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/13/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1910561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE PT	NAME GOLDSTEIN, MILTON STREET ADDRESS: KINGS PT. BURGUNDY J 459 CITY, ST, ZIP DELRAY BEACH FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
TITLE V	NAME SCHWARTZ, REUBEN STREET ADDRESS: KINGS PT. BURGUNDY J 453 CITY, ST, ZIP DELRAY BEACH FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
TITLE S	NAME STERNLIEB, SYLVIA STREET ADDRESS: KINGS PT. BURGUNDY J 451 CITY, ST, ZIP DELRAY BEACH FL	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
TITLE D	NAME GORDON, LOUIS STREET ADDRESS: 448 BURGUNDY J CITY, ST, ZIP DELRAY BEACH FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
TITLE D	NAME GRAY, ESTHER STREET ADDRESS: KINGS PT. BURGUNDY J 434 CITY, ST, ZIP DELRAY BEACH FL	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
TITLE D	NAME HYDE, HAROLD STREET ADDRESS: KINGS PT. BURGUNDY J 474 CITY, ST, ZIP DELRAY BEACH FL	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME

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(2)(b), 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: *Milton Goldstein* **MILTON GOLDSTEIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/95
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