

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **10/23/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2039756** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

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 officer 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 reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEITZBERG, WILLY	12 NAME	RAIBLE, RONALD
STREET ADDRESS	KINGSPONT PIEDMONT L-569	13 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, CARL	22 NAME	REISCH, JOSEPH
STREET ADDRESS	KINGS PT PIEDMONT L533	23 STREET ADDRESS	568 PIEDMONT L
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, JANET	32 NAME	800001808178
STREET ADDRESS	KINGS PT. PIEDMONT L 532	33 STREET ADDRESS	-05/06/96--01016--004
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	***857.50
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORUCK, JERRY	42 NAME	M.M
STREET ADDRESS	KINGS PT. PIEDMONT L 550	43 STREET ADDRESS	3-14-96
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, AL	52 NAME	GOLDMAN, SYDNEY
STREET ADDRESS	576 PIEDMONT L	53 STREET ADDRESS	556 PIEDMONT L
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, SIDNEY	62 NAME	KAHN, SIDNEY
STREET ADDRESS	553 PIEDMONT L	63 STREET ADDRESS	553 PIEDMONT L
CITY-ST-ZIP	DELRAY BEACH FL	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: _____ Date: **3-28-96** Daytime Phone #: **9974045**
Signature typed or printed name of registered agent and title if applicable

CR2E037 (12/95)