


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90189 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 749489 1. Corporation Name PIEDMONT "L" ASSOCIATION, INC.		
Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	



2. Principal Place of Business 21 C/O C.A.M.S.	2a. Mailing Address 26 C/O C.A.M.S.	3. Date Incorporated or Qualified 10/23/1979
Suite, Apt. #, etc. 22 314 NE 3rd Street	Suite, Apt. #, etc. 27 314 NE 3rd Street	4. FEI Number 59-2039756
City & State 23 Boynton Beach FL	City & State 28 Boynton Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 33435 25 US	Zip Country 29 33435 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487		10. Name and Address of New Registered Agent 81 Name Patti Heidler Ladwig P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 12765 W. Forest Hill Blvd 83 Suite 1312 84 City Wellington FL 85 Zip Code 33414

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 Patti Heidler Ladwig Patti Heidler Ladwig DATE 5/20/99

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZBERG, WILLY	1.2 NAME	
STREET ADDRESS	569 PIEDMONT L	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISCH, JOSEPH	2.2 NAME	
STREET ADDRESS	568 PIEDMONT L	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, JANET	3.2 NAME	
STREET ADDRESS	532 PIEDMONT L	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, SYDNEY	4.2 NAME	
STREET ADDRESS	558 PIEDMONT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, SIDNEY	5.2 NAME	
STREET ADDRESS	553 PIEDMONT L	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DD
STREET ADDRESS		6.3 STREET ADDRESS	IDA Itkowitz
CITY-ST-ZIP		6.4 CITY-ST-ZIP	546 Piedmont L Delray Beach, FL 33484

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 or without like empowered.

SIGNATURE: [Signature] DATE: 4/21/99 DAYTIME PHONE: 4996500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)