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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710812** (9)

1. Corporation Name

PARK TOWER ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1151 N ATLANTIC BLVD FT LAUDERDALE FL 33304 US	1151 N ATLANTIC BLVD FT LAUDERDALE FL 33304 US

3. Date Incorporated or Qualified 04/29/1966	
4. FEI Number 59-1232035	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent	
GROWDEN, W. A. 1151 NORTH ATLANTIC BLVD. FT. LAUDERDALE FL 33304	

10. Name and Address of New Registered Agent	
81 Name	JACK T. HENSON
82 Street Address (P.O. Box Number is Not Acceptable)	1151 N ATLANTIC BLV
83	
84 City	FT. LAUDERDALE FL
85 Zip Code	33304

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, BEVERLY
STREET ADDRESS	1151 N ATLANTIC BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GROWDEN, W. A
STREET ADDRESS	1151 N ATLANTIC BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ELIZABETH
STREET ADDRESS	1151 N ATLANTIC BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	HENSON, JACK
STREET ADDRESS	1151 N ATLANTIC BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SMITH, LAMOND
STREET ADDRESS	1151 N ATLANTIC BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	HALMOUKOS, KONSTANTINO
STREET ADDRESS	1151 N ATLANTIC BLVD
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAMOND SMITH
1.3 STREET ADDRESS	1151 N ATLANTIC BLV
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK HENSON
2.3 STREET ADDRESS	1151 N ATLANTIC BLV
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HELENE BERKHOLDS
3.3 STREET ADDRESS	1151 N ATLANTIC BLV
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARTLEY MILLER
4.3 STREET ADDRESS	1151 N ATLANTIC BLV
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)