## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

712641

(0)

PARK SOUTH TWO, INC., (A CONDOMINIUM)

Principal Place of Business Mailing Address						
1500 NW 43RD LAUDERHILL F		% DIVERSIFIED MGMT. P.O. BOX 451418 SUNRISE FL 33345-1418 US		Date Incorporated or Qualified	3a. Date of Last Report	
					04/21/1967	02/14/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	W. Oakland Park Blvd				59-1236957	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Dosired See Required Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Sunrise, FL		28		Trust Fund Contribution	Added to Fees	
Zip 24 33351	Country Z <sub>1D</sub>		Coun	try	8. This corporation has liability for it	
24 33331	9. Name and Address of Current	29 Registered Agent	[30]		Florida Statutes  10. Name and Address of New Reg	Yes No
S. Name and Address of Current Registered Agent				Name		
DIVERSIFIED MANAGEMENT SERVICES				DIVERSIFIED MANAGEMENT SERVICES		
			82   Street Addr   845		ess (P.O. Box Number is Not Acceptable) Oakland Park Blvd.	
8471 WEST OAKLAND PARK BLVD SUNRISE FL 33351			la la	3	Carrana Tark Biva.	
001411101	L 1 L 00301					
			3 [	94 City Sunris	8.0	FL 85 33351
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes				un nomed on	reporation authority thin statement for the m	
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 .	Signature, typed or printed name of registered agent	and tile if applicable. (N	OTE: Registered	Agent signature req	uired when reinslating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	<b>★</b> DELETE	1.1 T(1)	E D		Change Addition
NAME	ARENA, FRANK		1.2 NAN	E E	FFENBERGER, JOAN	
STREET ADDRESS	1590 NW 43RD TERRACE		1.3 \$TR	EET ADDRESS 1	440 NW 43rd Terr., #20	2
CITY-ST-ZIP	LAUDERHILL FL			-ST-ZIP	auderhill, FL 33313	
TITLE	VD	DELETE	2.1 TITL	F D		Change <b>K</b> Addition
NAME	DECICCO, RUTH		2.2 NAN		ODIFORD, SHIRLEY	_
STREET ADDRESS	1500 NW 43RD TERR. 5/202				500 NW 43rd Terr., #10	/
CITY-ST-ZIP TITLE	LAUDERHILL FL SD	DELETE			auderhill, FL 33313	
NAME	CORDA, ANTOINETTE		3 1 TITL	T	ODDA ANDOTNEDDE	Change Addition
STREET ADDRESS	1400 NW 43RD TERR		3.2 NAM		ORDA, ANTOINETTE	
CITY-ST-ZIP	LAUDERHILL FL			,	400 NW 43rd Terr.	
TITLE	TD	DELETE	4.1 TITE		auderhill, FL 33313	Change X Addition
NAME	DECICCO, ERNEST		4 2 NAM	י עון	EALY, VALERIE	C overify 1-1 vegition
STREET ADDRESS	1500 NW 43RD TERR. 5/202				330 NW 16th St., #104	
CITY-ST-ZIP	LAUDERHILL FL				auderhill, FL 33313	
TITLE	PD	DELETE	5.1 TITL:			Change X Addition
NAME	ADKINS, ELAINE		5.2 NAV	ம	EICKEL, JOE	
STREET ADDRESS	1500 NW 43RD TERR. 5/107				500 NW 16th St., #104	
CITY-ST-ZIP	LAUDERHILL FL		t t	μ-/	uderhill, FL 33313	
TITLE	D	DELE18	6.1 TITE		······································	Change Addition
NAME	GIANGIOBBE, TOM		6.2 NAM	ε		
STREET ADDRESS	4330 NW 16TH STREET 2/202		6.3 STRE	ET ADDRESS		İ
CITY-ST-ZIP	Lauderhill fl		6.4 CITY	-ST-ZIP		

4. I do 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.

DE & Paris DO Calle

1-20-97

954-572-1880

**FILED** 

Jan 30 1997 8:00am

Secretary of State

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