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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712641 (0)

1. Corporation Name

PARK SOUTH TWO, INC., (A CONDOMINIUM)

Principal Place of Business	Mailing Address
8457 W OAKLAND PARK BLVD SUNRISE FL 33351 US	% DIVERSIFIED MGMT. P.O. BOX 451418 SUNRISE FL 33345-1418 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 04/21/1967

4. FEI Number: 59-1236957 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIVERSIFIED MANAGEMENT SERVICES
8457 W OAKLAND PARK BLVD
SUNRISE FL 33351

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 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 _____ DATE
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EFFENBERGER, JOAN		1.2 NAME		
STREET ADDRESS	1440 NW 43 TERR #202		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DECICCO, RUTH		2.2 NAME		
STREET ADDRESS	1500 NW 43RD TERR. 5/202		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CORDA, ANTOINETTE		3.2 NAME		
STREET ADDRESS	1400 NW 43RD TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DECICCO, ERNEST		4.2 NAME		
STREET ADDRESS	1500 NW 43RD TERR. 5/202		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ADKINS, ELAINE		5.2 NAME		
STREET ADDRESS	1500 NW 43RD TERR. 5/107		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GIANGIOBBE, TOM		6.2 NAME		
STREET ADDRESS	4330 NW 16TH STREET 2/202		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

Ernest De Cicco ERNEST DE CICCO

SIGNATURE: _____ 3-24-98