

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 PM 7:10**

**DOCUMENT # 719128 (1)**  
 1. Corporation Name  
**CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2030 SOUTH OCEAN DRIVE<br/>HALLANDALE FL 33009</b> | Mailing Address<br><b>2030 SOUTH OCEAN DRIVE<br/>HALLANDALE FL 33009</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/13/1970</b>  | 3a. Date of Last Report<br><b>02/01/1994</b>           |
| 4. FEI Number<br><b>59-1305454</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>   | <b>\$68.75 Supplemental Fee Not Required</b>           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 21. Principal Place of Business<br>Suite, Apt. #, etc. | 22. Mailing Address<br>Suite, Apt. #, etc. |
| 23. City & State                                       | 24. City & State                           |
| 25. Zip Country  | 26. Zip Country                            |

9. Name and Address of Current Registered Agent  
**GLICK, MORTON**  
**2030 S OCEAN DR**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  
**DOROTHY WEBER**  
**2030 S. OCEAN DRIVE**  
**HALLANDALE FL 33009**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE: *Dorothy Weber V.P.*  
(Signature, typed or printed name of registered agent and the filer) (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |                                |
|----------------------------|---|---|--------------------------------|
| TITLE<br><b>PD</b>         | <b>MOROZ, BORIS</b><br>2030 S. OCEAN DR. #1709<br>HALLANDALE FL     | 1.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>PD</b>                      |
| NAME                       |   | 1.2 NAME  | <b>PINKUS, DONALD</b>          |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS  | <b>2030 S. OCEAN DR. #2115</b> |
| CITY ST ZIP                |   | 1.4 CITY ST ZIP   | <b>HALLANDALE, FL</b>          |
| TITLE<br><b>VD</b>         | <b>GLICK, MILTON</b><br>2030 S. OCEAN DR #1226<br>HALLANDALE FL     | 2.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>VD</b>                      |
| NAME                       |   | 2.2 NAME  | <b>WEBER, DOROTHY</b>          |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS  | <b>2030 S. OCEAN DR. #624</b>  |
| CITY ST ZIP                |   | 2.4 CITY ST ZIP   | <b>HALLANDALE, FL</b>          |
| TITLE<br><b>TD</b>         | <b>MILLER, MAX</b><br>2030 S. OCEAN DR. #1704<br>HALLANDALE FL      | 3.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>TD</b>                      |
| NAME                       |   | 3.2 NAME  | <b>BACH, SALLY</b>             |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS  | <b>2030 S. OCEAN DR. #1506</b> |
| CITY ST ZIP                |   | 3.4 CITY ST ZIP   | <b>HALLANDALE, FL</b>          |
| TITLE<br><b>SD</b>         | <b>HARNICK, MARTIN</b><br>2030 S. OCEAN DR. #1408<br>HALLANDALE, FL | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            | <b>SAME</b>                    |
| NAME                       |   | 4.2 NAME  |                                |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS  |                                |
| CITY ST ZIP                |   | 4.4 CITY ST ZIP   |                                |
| TITLE                      |   | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                |
| NAME                       |   | 5.2 NAME  |                                |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS  |                                |
| CITY ST ZIP                |   | 5.4 CITY ST ZIP   |                                |
| TITLE                      |   | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                |
| NAME                       |   | 6.2 NAME  |                                |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS  |                                |
| CITY ST ZIP                |   | 6.4 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 110.07(3)(b), 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 or on an attachment with an address.

SIGNATURE: *Donald Pinkus* **3/23/95** **305-458-3626**  
(Signature and typed or printed name of signing officer or director) DATE PHONE NUMBER