


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719128 (1)**  
 1. Corporation Name  
**CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.**

Principal Place of Business 2030 SOUTH OCEAN DRIVE HALLANDALE FL 33009	Mailing Address 2030 SOUTH OCEAN DRIVE HALLANDALE FL 33009
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3. Date Incorporated or Qualified  
**08/13/1970**

4. FEI Number <b>59-1305454</b>	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

**SAVAGE, CRAIG D. P.A.**  
 801 N.E. 167TH ST.  
 STE. 302A  
 N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **SAVAGE, CRAIG D P.A.** *Craig Savage* **1/29/98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOROZ, BORIS	
STREET ADDRESS	2030 SOUTH OCEAN DR., #1709	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, JOSEPH	
STREET ADDRESS	2030 SOUTH OCEAN DR./ #709	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BECK, HARRY	
STREET ADDRESS	2030 S. OCEAN DR., #1818	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARNICK, MARTIN	
STREET ADDRESS	2030 S. OCEAN DR. #1408	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH GREENBERG	
1.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE #709	
1.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	
2.1 TITLE	HARRY BECK VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE #1818	
2.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARBARA SHERES	
3.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE #620	
3.4 CITY-ST-ZIP	HALLANDALE, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: *Joseph Greenberg Pres.* **1/29/98 (954) 458-326**

CR2E037 (10/97)