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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725666

1. Corporation Name
DESOTO PARK CONDOMINIUM ASSOCIATION INC

Principal Place of Business 751 THREE ISLANDS BLVD. HALLANDALE FL 33009	Mailing Address 751 THREE ISLANDS BLVD. HALLANDALE FL 33009
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/27/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1555524
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCAVO JOSEPH
2000 ATLANTIC SHORES BLVD
SUITE 214
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVO, JOSEPH	1.2 NAME	
STREET ADDRESS	751 THREE ISLANDS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JESSIE	2.2 NAME	ARNOLD MOSKOWITZ
STREET ADDRESS	851 3 ISLANDS BLVD	2.3 STREET ADDRESS	851 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVENSTON, BERNEICE	3.2 NAME	
STREET ADDRESS	751 THREE ISLANDS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSS, ALICE	4.2 NAME	LEON SIMON
STREET ADDRESS	751 THREE ISLANDS BLVD	4.3 STREET ADDRESS	851 THREE ISLANDS BLVD
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDON, HY	5.2 NAME	
STREET ADDRESS	701 3 ISLANDS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33008	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHTMAN, MILTON	6.2 NAME	
STREET ADDRESS	751 THREE ISLANDS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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, with all other like empowered.

SIGNATURE: Joseph Scavo DATE: 2-16-99 DAYTIME PHONE #: 954-456-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)