

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750748 (6)

1. Corporation Name
PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 15800 NW 7TH AVE. MIAMI FL 33169-6251	Mailing Address 15800 NW 7TH AVE. MIAMI FL 33169-6251
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3. Date Incorporated or Qualified 01/24/1980	4. FEI Number 59-1447824	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 275 Fontainebleau Blvd.
22 City & State	27 200
23 Zip	28 Miami Florida
24 Country	29 33172
25 Country	30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FEIN, STEVEN A ATTY.
 930 S STATE ROAD 7
 PLANTATION FL 33317**

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
			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BACON, BETTYE	
STREET ADDRESS	15800 NW 7TH AVENUE #215	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAIGE, RESPASS	
STREET ADDRESS	15800 NW 7TH AVE #509	
CITY-ST-ZIP	MIAMI FL	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	MURRAY, ALBERTA	
STREET ADDRESS	15800 NW 7TH AVE STE 311	
CITY-ST-ZIP	MIAMI FL	
TITLE	TRA	<input type="checkbox"/> DELETE
NAME	GABRIEL, PAULETTE L.	
STREET ADDRESS	15800 NW 7TH AVENUE #215	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, LOUISE	
STREET ADDRESS	15800 NW 7TH AVE #508	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTLAND, ASHLEY	
STREET ADDRESS	15800 NW 7TH AVENUE #303	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia Richardson	
1.3 STREET ADDRESS	15600 N.W. 7 Ave # 705	
1.4 CITY-ST-ZIP	Miami, FL. 33169	
2.1 TITLE	Wanda Devoe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	15600 N.W. 7 Ave # 401	
2.3 STREET ADDRESS	Miami, Fla. 33169	
2.4 CITY-ST-ZIP		
3.1 TITLE	Eleanor Kolski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	15600 N.W. 7 Ave # 617	
3.3 STREET ADDRESS	Miami, Fla. 33169	
3.4 CITY-ST-ZIP		
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: Bettye Bacon **REQUIRED** 3/13/98 305-688-6440

CR2E037 (10/97)