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Apr 23 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 # 762170 (9)
 1. Corporation Name
PARLIAMENT EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2427 PRESIDENTIAL WAY WEST PALM BEACH FL 33401	Mailing Address 2427 PRESIDENTIAL WAY WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified 04/21/1982	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2237454		
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		

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

9. Name and Address of Current Registered Agent

FISKE, PRISCILLA P.
2427 PREISENTIAL WAY
W. PALM BEACH FL 33401

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ZWISG, BRUNA
STREET ADDRESS	2427 PRESIDENTIAL WAY #602
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	ROSENTHAL, SIDNEY.
STREET ADDRESS	2427 PRESIDENTIAL WAY
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	SABATZ, ZOLBE.
STREET ADDRESS	2427 PRESIDENTIAL WAY.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	T Vice President / Secretary <input checked="" type="checkbox"/> DELETE
NAME	ISAACSON, EARL
STREET ADDRESS	2427 PRESIDENTIAL WAY
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEINSTEIN, NORMAN
STREET ADDRESS	2427 PRESIDENTIAL WAY.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOODMAN, BERNARD
STREET ADDRESS	2427 PRESIDENTIAL WAY.
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reuben Siegel
2.3 STREET ADDRESS	2427 Presidential Way PH-04
2.4 CITY-ST-ZIP	West Palm Beach FL 33401
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Marvin Weissman
3.4 CITY-ST-ZIP	2427 Presidential Way #1101
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Lester Solowick
4.4 CITY-ST-ZIP	2427 Presidential Way #704
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	West Palm Beach FL 33401
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: _____ **4-14-98** **7611683-101**

CR2E037 (10/97)