


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90011 039 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745207**

1. Corporation Name

**PARKER TOWER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**3140 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**

Mailing Address  
**3140 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/12/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-1920067	
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9. Name and Address of Current Registered Agent

**FEIN, STEVEN  
4700-B SHERIDAN ST.  
HOLLYWOOD FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	P
NAME	CALMER, CURT	1.2 NAME	Kitner, Murray
STREET ADDRESS	3140 S OCEAN DR., #2211	1.3 STREET ADDRESS	3140 S. Ocean Dr. #1204
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	1.4 CITY-ST-ZIP	Hallandale, Fl 33009
TITLE	VP	2.1 TITLE	VP
NAME	KITNER, MURRAY	2.2 NAME	Calmer, Curt
STREET ADDRESS	3140 S OCEAN DR., #1204	2.3 STREET ADDRESS	3140 S. Ocean Dr. #2211
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	2.4 CITY-ST-ZIP	Hallandale Fl 33009
TITLE	T	3.1 TITLE	T
NAME	MONTRONY, JOSEPH	3.2 NAME	Levis, Morris
STREET ADDRESS	3140 S OCEAN DR., #2206	3.3 STREET ADDRESS	3140 S. Ocean Dr. #1212
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	Hallandale, Fl 33009
TITLE	S	4.1 TITLE	S
NAME	BARON, SELMA	4.2 NAME	Baron, Selma
STREET ADDRESS	31409 S OCEAN DRIVE, #404	4.3 STREET ADDRESS	3140 S. Ocean Dr #404
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	4.4 CITY-ST-ZIP	Hallandale, Fl 33009
TITLE	P	5.1 TITLE	D
NAME	SWARTZ, RENEE	5.2 NAME	Sierra, Jose
STREET ADDRESS	3140 S OCEAN DRIVE, #312	5.3 STREET ADDRESS	3140 S. Ocean Dr. #909
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	Hallandale, Fl. 33009
TITLE	D	6.1 TITLE	D
NAME	SIERRA, JOSE	6.2 NAME	Malkin, Al
STREET ADDRESS	3140 S. OCEAN DRIVE, #909	6.3 STREET ADDRESS	3140 S. Ocean Dr. #2412
CITY-ST-ZIP	HALLANDALE FL 33009	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 617.0502, Florida Statutes, and 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

954-454-4366

CR2E037 (1/98)