SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jul 20, 1999 8:00 am Secretary of State

, , , , ,	1999		DIVISION OF COF	RPORATI	ONS		07-20-1999 9000	3 011 ****61.2	25
DOCUMENT # N9600003371 V									
PARKER	PLAZA SOCIAL CLUB, INC.						* 5 590855 - 90003 - 1	5 * 1	_/
Principal Place	of Business		ailing Address						
2030 South C			30 SOUTH OCEAN DRIVE			ĺ	A CERTAIN DIS LOCAL MISTE DOCAL ARTIN CRIST I	9 141 8.818 (1118) (1116 1 81 7	
HALLANDALE F			ALLANDALE FL 33009			į			
2. Principal P	ace of Business	\vdash	Mailing Address				3. Date Incorporated or Qualifed 06/24/1996		
Suite, Apt.	# etc	26	Suite, Apt. #, etc.	_			4. FEI Number	App	lied For
	,, 5.6.	27					NOT APPLICABLE	Not	Applicable
City & State	Э	28	City & State	•			5. Certificate of Status Desired	\$8.75 Ac Fee Req	
Zip	Country	1	Zip	Country			6. Election Campaign Financing	\$5.00 N	/lay Be
4	25	29	30	<u> </u>			Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Regis	stered Agent	81	Name		10. Name and Address of New Regist	ered Agent	
				01	IName				
SAVAGE, CRAIG D ESQUIRE					Street	Addres	ss (P.O. Box Number is Not Acceptable)		
801 NE 167TH STREET					 -				***
SUITE 302									
NORTH MIAMI BEACH FL 33162					City			FL 85 Zip Ci	ode
11 Pursuant	to the provisions of Sections 617,0502	and 6	317.1508. Florida Statutes.	the above	e-named	corpor	ation submits this statement for the purpo		egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change was authorida	orized by	the corpo	oration	ation submits this statement for the purpo's board of directors. I hereby accept the	appointment as reg	istered
-	in familial will, and accept the obligation	JI 13 Q1	, 0001011 0 11 10000, 1 101100		•				1
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Reg		nt signature r	required w	when reinstating) DA		20 (1) 40
12.	OFFICERS AND	DIRE		13.		7	ADDITIONS/CHANGES TO OFFICER		
TITLE	P POOR URE EN		☐ DELETE	1.1 TITLE	,	IP,	GIBEL MAN, IRE 2030 SOUTH OCEAN,	NF	, 100.00,11
NAME	ROSENBERG, HELEN			1.2 NAME	T ADDRESS	`	2030 SOUTHOCEHN	ĎŘ. #92	6
STREET ADDRESS	2030 SOUTH OCEAN DR #718					,	YALLANDALE FL. 3	3009	
CITY-ST-ZIP	HALLANDALE FL 33009		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-24	VD	A TOP TO THE PARTY OF THE PARTY	Change	☐ Addition
NAME	GREENBERG, BEATRICE		==	2.2 NAME		100	DEPLMAN MARIL	VN	
NAME STREET ADORESS	2030 SOUTH OCEAN DRIVE				TADDRESS	!	TEN LITTING	-X /Y #18	コフ
CITY-ST-ZIP	HALLANDALE FL 33009		್ತ ಅಭಿಗಳ	2. 4 CITY-5		\tilde{I}	PERLMAN, MARIL 2030 SOUTH OCEANDR.	3009	
TITLE	S		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	BISS, ELAINE			3.2 NAME			CAME		ļ
STREET ADDRESS	2030 S OCEAN DR #2109			3.3 STREE	T ADDRESS		SAME		ł
CITY-ST-ZIP	HALLANDALE FL 33009			3.4. CITY-5	ST-ZIP	ļ			[-] 6 dd95
TITLE	TD		☐ DELETE	4.1 TITLE			0 1 -	☐ Change	Addition
NAME	FROLOW, ERNA			4. 2 NAME		Ì	V'AMF		
STREET ADDRESS	2030 SOUTH OCEAN DRIVE				TADORESS		SAME		
CITY-ST-ZIP	HALLANDALE FL		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	+		Change	Addition
TITLE NAME	SD Weiner, Helen		_ Jane, 1	5.2 NAME		}	SAME		ļ
STREET ADDRESS	2030 SOUTH OCEAN DRIVE			5.3 STREE	T ADDRESS	\	JAM		
CITY+ST-ZIP	HALLANDALE FL 33009			5.4 CITY-S	T-ZIP	<u>l_</u>	ツリレ		
TITLE			☐ DELETÉ	6.1 TITLE				☐ Change	☐ Addition
NAME : ,	Strate Strate Strate			6.2 NAME					}
STREET ADDRESS	1			6.3 STREE	T ADDRESS				

14. (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.

SIGNATINE:

SIGNATURE: