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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 302982 (4)

**1. Corporation Name
BAL HARBOUR MANOR INC**

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 10190 COLLINS AVE. BAL HARBOUR FL 33154 US | 10190 COLLINS AVE. BAL HARBOUR FL 33154 US |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified 03/17/1966 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-1287048 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| | 29 |
| | 30 |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| DANIELS, NICHOLAS M. 1111 LINCOLN RD MALL SUITE 500 MIAMI BEACH FL 33139 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| | | | |
|-----------------------------------|------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MC GEARY, DENIS J | 1.2 NAME | Pershall, S. E., Jr. |
| STREET ADDRESS | 10190 COLLINS AVE | 1.3 STREET ADDRESS | 10190 Collins Ave. |
| CITY-ST-ZIP | BAL HARBOR, FL 00000 | 1.4 CITY-ST-ZIP | Bal Harbour, FL 33154 |
| TITLE | SD | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERSHALL, S.E. JR. | 2.2 NAME | Gaither, Laverne K. |
| STREET ADDRESS | 10190 COLLINS AVENUE | 2.3 STREET ADDRESS | 10190 Collins Ave. |
| CITY-ST-ZIP | BAL HARBOR, FL 00000 | 2.4 CITY-ST-ZIP | Bal Harbour, FL 33154 |
| TITLE | VD | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GAITHER, LAVERNE K | 3.2 NAME | Welstead, Yvonne B. |
| STREET ADDRESS | 10190 COLLINS AVE | 3.3 STREET ADDRESS | 10190 Collins Ave. |
| CITY-ST-ZIP | BAL HARBOUR FL | 3.4 CITY-ST-ZIP | Bal Harbour, FL 33154 |
| TITLE | TD | 4.1 TITLE | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEWS, GEOFFREY K | 4.2 NAME | Same |
| STREET ADDRESS | 10190 COLLINS AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAL HARBOR, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEGENHEIMER, C MICHAEL | 5.2 NAME | McGeary, Denis J. |
| STREET ADDRESS | 10190 COLLINS AVENUE | 5.3 STREET ADDRESS | 10190 Collins Ave. |
| CITY-ST-ZIP | BAL HARBOUR FL | 5.4 CITY-ST-ZIP | Bal Harbour, FL 33154 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. E. Pershall, Jr. **March 9, 1995** **(305) 868-4047**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. E. Pershall, Jr., President Date Business Hours