

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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: **10190 COLLINS AVE. BAL HARBOUR FL 33154 US**  
Mailing Address: **10190 COLLINS AVE BAL HARBOUR FL 33154 US**

3. Date Incorporated or Qualified: **03/17/1966**  
3a. Date of Last Report: **03/15/1995**

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

4. FEI Number: **59-1287048**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**g. 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 re-statuting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>PERSHALL, S. E JR</b>	
STREET ADDRESS	<b>10190 COLLINS AVE</b>	
CITY-ST-ZIP	<b>BAL HARBOR, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>GAITHER, LAVERNE K</b>	
STREET ADDRESS	<b>10190 COLLINS AVE</b>	
CITY-ST-ZIP	<b>BAL HARBOR, FL 00000</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/>
NAME	<b>WELSTEAD, YVONNE B</b>	
STREET ADDRESS	<b>10190 COLLINS AVE</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>MATHEWS, GEOFFREY K</b>	
STREET ADDRESS	<b>10190 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>BAL HARBOR, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>MCGEARY, DENIS J</b>	
STREET ADDRESS	<b>10190 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Welstead, Yvonne B.</b>		
1.3 STREET ADDRESS	<b>10190 Collins Ave</b>		
1.4 CITY-ST-ZIP	<b>Bal Harbour, FL 33154</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Pershall, S. E. Jr.</b>		
3.3 STREET ADDRESS	<b>10190 Collins Ave</b>		
3.4 CITY-ST-ZIP	<b>Bal Harbour, FL</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(c), 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 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne B. Welstead 4/30/96 (305) 868-4047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/le Phone #  
**Yvonne B. Welstead, President**

CR2E034 (12/95)