

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1966	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 59-1287048	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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	

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
				85	Zip Code
				FL	

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 WELSTEAD, YVONNE B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10190 COLLINS AVE	1.2 NAME	
STREET ADDRESS	BAL HARBOR, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GAITHER, LA VERNE K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10190 COLLINS AVE	2.2 NAME	
STREET ADDRESS	BAL HARBOR, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD PERSHALL, S E JR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10190 COLLINS AVE	3.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MATHEWS, GEOFFREY K	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10190 COLLINS AVENUE	4.2 NAME	
STREET ADDRESS	BAL HARBOR, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DALTON, HOWARD W	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10190 COLLINS AVE	5.2 NAME	
STREET ADDRESS	BAL HARBOR FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 607, 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.* **4/7/98 (305) 868-4047**

CR2E034 (10/97)