

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725756 (1)

1. Corporation Name
BEL-AIRE INC

Principal Place of Business 5381 SW 40 AVE FT. LAUDERDALE FL 33314	Mailing Address 5381 SW 40 AVE FT. LAUDERDALE FL 33314
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3. Date Incorporated or Qualified
03/08/1973

4. FEI Number
65-0047041

Applied For
 Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BIANCO, MARGARET
5379 S.W. 40 AVE
#202
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name **Anne-Marie Lacroix**

82 Street Address (P.O. Box Number is Not Acceptable)
**5379 SW 40 Ave
#202**

83 City **FT. LAUD** FL 85 Zip Code **33314**

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]* **Treasurer** DATE: **3/18/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSHOTT, ANDREA	1.2 NAME	2 V.P. cross cynthia
STREET ADDRESS	538 25SW 40 AVE 201	1.3 STREET ADDRESS	5377 SW 40 Ave #205
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUD FL 33314
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, CYNTHIA	2.2 NAME	1 President Robert San Pedro
STREET ADDRESS	5377 S.W. 40 AVE., #205	2.3 STREET ADDRESS	5385 SW 40 Ave #203
CITY-ST-ZIP	FT. LAUD FL	2.4 CITY-ST-ZIP	FT LAUD FL 33314
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDIELLO, JEANETTE	3.2 NAME	Sifme
STREET ADDRESS	5377 S.W. 40 AVE., #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUT, FRANK	4.2 NAME	Treasurer Anne-Marie Lacroix
STREET ADDRESS	5373 S.W. 40 AVE., #105	4.3 STREET ADDRESS	5379 SW 40 Ave #205
CITY-ST-ZIP	FT. LAUD FL	4.4 CITY-ST-ZIP	FT LAUD FL 33314
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANO, MARGARET	5.2 NAME	Director Raymond Burns
STREET ADDRESS	5379 S.W. 40 AVE., #202	5.3 STREET ADDRESS	5381 SW 40 Ave #205
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUD FL 33314
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGAN, DIMITRI	6.2 NAME	Director Phyllis McInerney
STREET ADDRESS	5377 SW 40 AVE #202	6.3 STREET ADDRESS	5379 SW 40 Ave #105
CITY-ST-ZIP	FT. LAUD FL	6.4 CITY-ST-ZIP	FT LAUD FL 33314

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2 V.P. cross cynthia
1.3 STREET ADDRESS	5377 SW 40 Ave #205
1.4 CITY-ST-ZIP	FT LAUD FL 33314
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1 President Robert San Pedro
2.3 STREET ADDRESS	5385 SW 40 Ave #203
2.4 CITY-ST-ZIP	FT LAUD FL 33314
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sifme
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer Anne-Marie Lacroix
4.3 STREET ADDRESS	5379 SW 40 Ave #205
4.4 CITY-ST-ZIP	FT LAUD FL 33314
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director Raymond Burns
5.3 STREET ADDRESS	5381 SW 40 Ave #205
5.4 CITY-ST-ZIP	FT LAUD FL 33314
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director Phyllis McInerney
6.3 STREET ADDRESS	5379 SW 40 Ave #105
6.4 CITY-ST-ZIP	FT LAUD FL 33314

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/18/98** **9221081**

CR2E037 (10/97)