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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725756

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/08/1973	4. FEI Number 65-0047041	Applied For 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	

9. Name and Address of Current Registered Agent LACROIX, ANNE-MARIE 5379 SW 40 AVE #205 FT. LAUDERDALE FL 33314	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SAN PEDRO, ROBERT STREET ADDRESS 5385 SW 40 AVE, #203 CITY-ST-ZIP FT. LAUDERDALE FL 33314	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME CROSS, CYNTHIA STREET ADDRESS 5377 SW 40 AVE, #205 CITY-ST-ZIP FT. LAUD FL 33314	1.2 NAME Cynthia Cross 1.3 STREET ADDRESS 5377 SW 40 Ave #205 1.4 CITY-ST-ZIP Ft Paul Fl 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME NARDIELLO, JEANETTE STREET ADDRESS 5377 S.W. 40 AVE., #102 CITY-ST-ZIP FT. LAUD FL	2.1 TITLE Nancy Lanz 2.2 NAME 5389 SW 40 Ave #201 2.3 STREET ADDRESS Ft Paul Fl 33314 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME LACROIX, ANNE-MARIE STREET ADDRESS 5378 SW 40 AVE., #205 CITY-ST-ZIP FT. LAUD FL 33314	3.1 TITLE JOAN Devlin 3.2 NAME 5381 SW 40 Ave #103 3.3 STREET ADDRESS Ft Paul Fl 33314 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME BURNS, RAYMOND STREET ADDRESS 5381 SW 40 AVE., #23 CITY-ST-ZIP FT. LAUDERDALE FL 33314	4.1 TITLE Anne-Marie Lacroix 4.2 NAME 5379 SW 40 Ave #205 4.3 STREET ADDRESS Ft Paul Fl 33314 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MCTINERNEY, PHYLLIS STREET ADDRESS 5379 SW 40 AVE., #105 CITY-ST-ZIP FT. LAUD FL 33314	5.1 TITLE JEANETTE NARDIELLO 5.2 NAME 5377 SW 40 Ave #102 5.3 STREET ADDRESS Ft Paul Fl 33314 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE Phyllis McInerney 6.2 NAME 5379 SW 40 Ave #105 6.3 STREET ADDRESS Ft Paul Fl 33314 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Marie Lacroix SIGNATURE REQUIRED Marie Lacroix Date 4/24/99 581-0327 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)