


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 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 # N10637 (9)
 1. Corporation Name
BELFORT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business P O BOX 189013 PO BOX 189013 PLANTATION FL 33318 US	Mailing Address 9879 N BELFORT CIR P O BOX 189013 PLANTATION FL 33186 US
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3. Date Incorporated or Qualified 08/12/1985
4. FEI Number 59-2569310
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 40 Castle Group
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

**GREENBERG, MILTON C.
 9879 N. BELFORT CIRCLE
 TAMARAC FL 33321**

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

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GREENBERG, MILTON
STREET ADDRESS	9879 N. BELFORT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FRANZ, RUTH
STREET ADDRESS	9905 N. BELFORT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROSS, ANITA
STREET ADDRESS	9873 N BELFORT CIR
CITY-ST-ZIP	TAMARAC FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LEVINE, ICEY
STREET ADDRESS	9881 N BELFORT CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SILVERSTEIN, HARRY
STREET ADDRESS	9887 N. BELFORT CIR.
CITY-ST-ZIP	TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Milton C. Greenberg* Milton Greenberg, President 1/6/98 (954) 792-6000

CR2E037 (10/97)