

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 06 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 # N96000004788 (3)

1. Corporation Name
BAL-BRIDGE SOUTH, INC.



Principal Place of Business 10230 COLLINS AVE BAL HARBOUR FL 33154	Mailing Address 10230 COLLINS AVE BAL HARBOUR FL 33154
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3. Date Incorporated or Qualified
08/13/1974

4. FEI Number 59-1563411	Applied For <input type="checkbox"/> Not Applicable
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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

**EISINGER, DENNIS J
4000 HOLLYWOOD BLVD
SUITE 285 SOUTH
HOLLYWOOD FL 33021**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE F	1.2 NAME	Glanz, Leonard
STREET ADDRESS	10230 COLLINS AVE	1.3 STREET ADDRESS	10230 Collins Ave
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	Bal Harbour Fl
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTHIER, GASTON	2.2 NAME	Gauthier, Gaston
STREET ADDRESS	10230 COLLINS AVE	2.3 STREET ADDRESS	10230 Collins Ave
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	Bal Harbour, Fl
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOSE O	3.2 NAME	Andrade, Zoila
STREET ADDRESS	10230 COLLINS AVE	3.3 STREET ADDRESS	10230 Collins Ave
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	Bal Harbour, Fl
TITLE	ASD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, ALVARO P	4.2 NAME	
STREET ADDRESS	10230 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

1.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glanz, Leonard
1.3 STREET ADDRESS	10230 Collins Ave
1.4 CITY-ST-ZIP	Bal Harbour Fl
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gauthier, Gaston
2.3 STREET ADDRESS	10230 Collins Ave
2.4 CITY-ST-ZIP	Bal Harbour, Fl
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andrade, Zoila
3.3 STREET ADDRESS	10230 Collins Ave
3.4 CITY-ST-ZIP	Bal Harbour, Fl
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: LEONARD GLANZ *[Signature]* **2/25/98 305-861-7100**

CF2E037 (10/97)