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Feb 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

DOCUMENT # 718325 (4)  
1. Corporation Name  
BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.



Principal Place of Business: 9100 W BAY HARBOR DRIVE, BAY HARBOR ISLAND FL 33154  
Mailing Address: 9100 W BAY HARBOR DR, BAY HARBOR ISLAND FL 33154, US

3. Date Incorporated or Qualified: 03/20/1970  
4. FEI Number: 59-1379288  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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: STEARNS, MYRTLE, 9100 W. BAY HARBOR DRIVE, BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent: BECKER & POLIAKOFF - 7, 5201 BLUE LAGOON DR, STE 100, Anthony A. Kalliche, Esquire, MIAMI, FL 33126

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: *A. Kalliche* Becker + Poliakoff, P.A. DATE: 2/18/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MUSKET, SYLVIA	
STREET ADDRESS	9100 W BAY HARBOR DRIVE 10CE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRAIL, NANCY	
STREET ADDRESS	9100 W BAY HARBOR DRIVE 5AW	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RABIN, KYLE	
STREET ADDRESS	9100 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEINHORN, LOUIS	
STREET ADDRESS	9102 W. BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD WAKENBERG	
1.3 STREET ADDRESS	9102 W. BAY HARBOR DR 3DW	
1.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL.	
2.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEINER BARBARA	
2.3 STREET ADDRESS	9102 W BAY HARBOR DR 90W	
2.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL.	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RABIN KYLE	
3.3 STREET ADDRESS	9100 W. BAY HARBOR DR 11AE	
3.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL.	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BEINHORN LOIS	
4.3 STREET ADDRESS	9100 W. BAY HARBOR DR 8DE	
4.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL.	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOVITT IRVING	
5.3 STREET ADDRESS	9100 BAY HARBOR DR 6AE	
5.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL.	
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: *Richard Wakenberg* DATE: 2/10/98 305-865-0451

CR2E037 (1097)