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Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90040 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718325**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/20/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1279288
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KALLICHE, ANTHONY A E</b> <b>5201 BLUE LAGOON DR</b> <b>SUITE 100</b> <b>MIAMI FL 33126</b>		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 \_\_\_\_\_ 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAXENBERG, RICHARD	1.2 NAME	INCORVIA, JOHN
STREET ADDRESS	9102 W BAY HARBOR DR, SUITE 3DW	1.3 STREET ADDRESS	9102 W BAY HARBOR DR. 2CW
CITY-ST-ZIP	BAY HARBOR ISLAND FL	1.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL. 33154
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINER, BARBARA	2.2 NAME	CHAIT, IRVING
STREET ADDRESS	9102 W BAY HARBOR DR, 9BW	2.3 STREET ADDRESS	9102 W BAY HARBOR DR # 4AW
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL. 33154
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, KYLE	3.2 NAME	
STREET ADDRESS	9100 W BAY HARBOR DR, SUITE 11AE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEINHORN, LOUIS	4.2 NAME	RAMERINI, JANET
STREET ADDRESS	9100 W BAY HARBOR DR, SUITE 8DE	4.3 STREET ADDRESS	9102 W BAY HARBOR DR # 4CW
CITY-ST-ZIP	BAY HARBOR ISLAND FL	4.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL. 33154
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVITT, IRVING	5.2 NAME	JOHN MCOUGHAIN
STREET ADDRESS	9100 BAY HARBOR DR, SUITE 6AE	5.3 STREET ADDRESS	9100 W BAY HARBOR DR. 10C-E
CITY-ST-ZIP	BAY HARBOR ISLAND FL	5.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL. 33154
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BARASH, SYLVIA
STREET ADDRESS		6.3 STREET ADDRESS	9100 W BAY HARBOR DR # 1CE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL. 33154

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* SIGNATURE REQUIRED *[Signature]* 3/9/99 305-865-0451  
Signature and typed or printed name of signing officer or director Date Day/time Phone #

CR2E037- (11/98)