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**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1279288	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A E**  
**5201 BLUE LAGOON DR**  
**SUITE 100**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 checked="" type="checkbox"/> DELETE			
NAME	WAXENBERG, RICHARD				
STREET ADDRESS	9102 W BAY HARBOR DR, SUITE 3DW				
CITY-ST-ZIP	BAY HARBOR ISLAND FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	STEINER, BARBARA				
STREET ADDRESS	9102 W BAY HARBOR DR, 9BW				
CITY-ST-ZIP	BAY HARBOR ISLAND FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RABIN, KYLE				
STREET ADDRESS	9100 W BAY HARBOR DR, SUITE 11AE				
CITY-ST-ZIP	BAY HARBOR ISLAND FL				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	BEINHORN, LOUIS				
STREET ADDRESS	9100 W BAY HARBOR DR, SUITE 8DE				
CITY-ST-ZIP	BAY HARBOR ISLAND FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	LOVITT, IRVING				
STREET ADDRESS	9100 BAY HARBOR DR, SUITE 6AE				
CITY-ST-ZIP	BAY HARBOR ISLAND FL				
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	INCORVIA, JOHN				
1.3 STREET ADDRESS	9102 W BAY HARBOR DR. 2CW				
1.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154				
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	CHAIT, IRVING				
2.3 STREET ADDRESS	9102 W BAY HARBOR DR #4AW				
2.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154				
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	RAMERINI, JANET				
4.3 STREET ADDRESS	9102 W BAY HARBOR DR #4CW				
4.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	JOHN MCLOUGHAIN				
5.3 STREET ADDRESS	9100 W BAY HARBOR DR. 10C-E				
5.4 CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154				
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	BARASH, SYLVIA				
6.3 STREET ADDRESS	9100 W BAY HARBOR DR #1CE				
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)(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:** *[Signature]* **SIGNATURE REQUIRED** *3/9/99* *305-865-0451*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037\_ (11/98)