

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709974 (0)

1. Corporation Name

SECOND MOORINGS CONDOMINIUM INC



Principal Place of Business

Mailing Address

1551 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

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NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

11/24/1965

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1160713

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25 Country

29

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOUIG, GARY D ESQ
2500 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE FL 33009**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANK, BERNARD	
STREET ADDRESS	1551 NE MIAMI GARDENS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WAND, NORMAN	
STREET ADDRESS	1551 NE MIAMI GARDENS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDELMAN, TOBY	
STREET ADDRESS	1551 NE MIAMI GARDENS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	1551 NE MIAMI GARDENS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMBICER, SAM	
STREET ADDRESS	1551 NE MIAMI GARDENS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANK, HELEN	
STREET ADDRESS	1551 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	

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 checked="" type="checkbox"/> Addition
5.2 NAME	Stephen Arcaro
5.3 STREET ADDRESS	1551 NE Miami Gdns Dr # 222
5.4 CITY-ST-ZIP	NO. Miami Beach, FL 33179
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bernard Frank Pres Bernard Frank* 4/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)