FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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	1551 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179-4839

3. Date Incorporated or Qualified	3a. Date of Last Report
11/24/1965	04/05/1996

4. FEI Number		Applied For
59-1160713		Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61	Name
62	Street Address (P.O. Box Number is Not Acceptable)
63	
64	City — FL	65	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**	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition
NAME **FRANK, BERNARD**			1.2 NAME		
STREET ADDRESS **1551 NE MIAMI GARDENS**			1.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**			1.4 CITY-ST-ZIP		
TITLE **VD**	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME **WAND, NORMAN**			2.2 NAME		
STREET ADDRESS **1551 NE MIAMI GARDENS**			2.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**			2.4 CITY-ST-ZIP		
TITLE **SD**	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition
NAME **EDELMAN, TOBY**			3.2 NAME		
STREET ADDRESS **1551 NE MIAMI GARDENS**			3.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**			3.4 CITY-ST-ZIP		
TITLE **TD**	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition
NAME **WEINSTEIN, DAVID**			4.2 NAME		
STREET ADDRESS **1551 NE MIAMI GARDENS**			4.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**			4.4 CITY-ST-ZIP		
TITLE **D**	☐ DELETE		5.1 TITLE	☐ Change	☐ Addition
NAME **STEPHEN ARCARO**			5.2 NAME		
STREET ADDRESS **1551 NE MIAMI GARDENS, #222**			5.3 STREET ADDRESS		
CITY-ST-ZIP **NO MIAMI BEACH FL**			5.4 CITY-ST-ZIP		
TITLE **D**	☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME **FRANK, HELEN**			6.2 NAME		
STREET ADDRESS **1551 MIAMI GARDENS DRIVE**			6.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: *Helen Frank* REQUIRED *Helen Frank (Director)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0033278