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

02-22-1999 90090 019 \*\*\*\*61.25

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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 # 709974**

1. Corporation Name

**SECOND MOORINGS CONDOMINIUM INC**

Principal Place of Business

1551 NE MIAMI GARDENS DRIVE  
 NORTH MIAMI BEACH FL 33179

Mailing Address

1551 NE MIAMI GARDENS DRIVE  
 NORTH MIAMI BEACH FL 33179



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/24/1965

4. FEI Number

59-1160713

Applied For  
 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

9. Name and Address of Current Registered Agent

**WAND, NORMAN**  
 1551 NE MIAMI GARDENS DR #320  
 SUITE 707  
 N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

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

TITLE DVPT  DELETE  
 NAME FRANK, BERNARD  
 STREET ADDRESS 1551 NE MIAMI GARDENS  
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE PD  DELETE  
 NAME WAND, NORMAN  
 STREET ADDRESS 1551 NE MIAMI GARDENS  
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE SD  DELETE  
 NAME EDELMAN, TOBY  
 STREET ADDRESS 1551 NE MIAMI GARDENS  
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D  DELETE  
 NAME GOLDINER, IRVING  
 STREET ADDRESS 1551 NE MIAMI GARDENS DR #133  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE D  DELETE  
 NAME KUPFER, MARK  
 STREET ADDRESS 1551 NE MIAMI GARDENS DR #316  
 CITY-ST-ZIP NO MIAMI BEACH FL 33179

TITLE D  DELETE  
 NAME LESSER, JEAN  
 STREET ADDRESS 1551 NE MIAMI GARDENS DR #217  
 CITY-ST-ZIP N MIAMI BCH FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME **D Victor Cruz**  
 5.3 STREET ADDRESS **1551 NE Miami Gdns Dr #233**  
 5.4 CITY-ST-ZIP **No, Miami Beach, FL 33179**

6.1 TITLE  Change  Addition  
 6.2 NAME **D Stephen Accaro**  
 6.3 STREET ADDRESS **1551 NE Miami Gdns Dr #222**  
 6.4 CITY-ST-ZIP **No Miami Beach, FL 33179**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bernard Frank** 949-4274  
 Date Daytime Phone #

CR2E037 (11/98)