


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 709974

1. Corporation Name
SECOND MOORINGS CONDOMINIUM INC

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| 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 |
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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/24/1965 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1160713 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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|---|--|
| 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 85 Zip Code |
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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 | DVPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDINER, IRVING | 4.2 NAME | |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #133 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KUPFER, MARK | 5.2 NAME | Victor Cruz |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #316 | 5.3 STREET ADDRESS | 1551 NE Miami Gdns Dr #233 |
| CITY-ST-ZIP | NO MIAMI BEACH FL 33179 | 5.4 CITY-ST-ZIP | No, Miami Beach, FL 33179 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LESSER, JEAN | 6.2 NAME | Stephen Accaro |
| STREET ADDRESS | 1551 NE MIAMI GARDENS DR #217 | 6.3 STREET ADDRESS | 1551 NE Miami Gdns Dr #222 |
| CITY-ST-ZIP | N MIAMI BCH FL 33179 | 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: Bernard Frank SIGNATURE REQUIRED Bernard Frank 949-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)