


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710368** (2)
1. Corporation Name
THIRD MOORINGS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33179	1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified 02/15/1966	Applied For
4. FEI Number 59-1160715	Not Applicable

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

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
CAPESTANY, ANTHONY
1501 N.E. MIAMI GARDENS DR., C255
#153
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name HEINZ BARWALD
82 Street Address (P.O. Box Number is Not Acceptable) 1501 NE MIAMI GARDENS DR. #251
83
84 City N. MIAMI BEACH FL 85 Zip Code 33179

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 **HEINZ BARWALD** *Heinz Barwald* **10-8-98**
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	<input type="checkbox"/> DELETE
NAME	S SOHMUCKLER, ANN
STREET ADDRESS	1501 NE MIAMI GARDEN DR
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP BARWALD, HEINZ
STREET ADDRESS	1501 N.E. MIAMI GARDENS DR., C251
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	P CAPESTANY, ANTHONY
STREET ADDRESS	1501 N.E. MIAMI GARDENS DR., C251
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D WILK, S.
STREET ADDRESS	1501 N E M. G. DR
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T LOFTIS, JEWEL
STREET ADDRESS	1501 N E M. G.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BLOCKER, MARY L
STREET ADDRESS	1501 N E MIAMI GRDNS DR #C248
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002666400
1.3 STREET ADDRESS	-10/19/98--01016--023
1.4 CITY-ST-ZIP	***70.00
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LUTZKER SAM
4.3 STREET ADDRESS	1501 NEMG APT. 350
4.4 CITY-ST-ZIP	N. MIAMI BEACH FL. 33179
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TORRES URSULA
5.3 STREET ADDRESS	1501 NEMG APT. 241
5.4 CITY-ST-ZIP	N. 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 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: *Heinz Barwald* **HEINZ BARWALD** **10-8-98**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)