FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:58

DOCUMENT # 714251 (6)

1. Corporation Name
SEVENTH MOORINGS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
18601 N.E. 14TH AVE. N MIAMI BEACH FL 33179	18601 N.E. 14TH AVE. N MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1968
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1261361 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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

BERLIN, PEARL B
18601 NE 14TH AVE
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Pearl Berlin
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VD	11 TITLE	☐ Change ☐ Addition
NAME	WALDMAN, MARGE	12 NAME	
STREET ADDRESS	18601 NE 14TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KARP, LEON	22 NAME	
STREET ADDRESS	18601 NE 14TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, GERTRUDE	32 NAME	
STREET ADDRESS	18601 NE 14TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SCHLESINGER, ROSALYN	42 NAME	
STREET ADDRESS	18601 NE 14 AVE 112	43 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	BERLIN, PEARL B	52 NAME	
STREET ADDRESS	18601 NE 14TH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	54 CITY-ST-ZIP	
TITLE	SHAPIRO PAULA	61 TITLE	☐ Change ☐ Addition
NAME	18601 NE 14 AVE.	62 NAME	
STREET ADDRESS	N. MIAMI BEACH, FL	63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Rosalyn Schlesinger ROSALYN SCHLESINGER 944-4795 4/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044809