

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED AND FILED**  
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95 APR 18 PM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N9400006315 (5)**

1. Corporation Name

**MOORINGS INTERCONDOMINIUM COUNCIL, INC.**

Principal Place of Business

Mailing Address

18551 N.E. 14TH AVENUE  
NORTH MIAMI BEACH FL 33179

18551 N.E. 14TH AVENUE  
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1994

4. FEI Number

~~N9400006315~~

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMS, BEN  
18551 N.E. 14TH AVENUE  
NORTH MIAMI BEACH FL 33179**

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 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 **BEN ABRAMS PRES.**

*Ben Abrams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                   |
|-----------------|-----------------------------------|
| TITLE           | <b>PD</b>                         |
| NAME            | <b>ABRAMS, BEN</b>                |
| STREET ADDRESS  | <b>1591 N.E. MIAMI GARDENS DR</b> |
| CITY - ST - ZIP | <b>NORTH MIAMI BEACH FL 33179</b> |
| TITLE           | <b>SD</b>                         |
| NAME            | <b>GUST, NORMAN</b>               |
| STREET ADDRESS  | <b>18707 N.E. 14TH AVE</b>        |
| CITY - ST - ZIP | <b>NORTH MIAMI BEACH FL 33179</b> |
| TITLE           | <b>TD</b>                         |
| NAME            | <b>WEISMAN, TRUDIE</b>            |
| STREET ADDRESS  | <b>18707 N.E. 14TH AVE</b>        |
| CITY - ST - ZIP | <b>NORTH MIAMI BEACH FL 33179</b> |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 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 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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ben Abrams* - **BEN ABRAMS PRES 4/5/95 (305) 949-5238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number