

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000006315 (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

3. Date Incorporated or Qualified

12/27/1994

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1201500

Applied For

Not Applicable

~~APPLIED FOR~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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

OFFICERS AND DIRECTORS

TITLE

PD

DELETE

NAME

ABRAMS, BEN

STREET ADDRESS

1591 N.E. MIAMI GARDENS DR

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33179

TITLE

SD

DELETE

NAME

GUST, NORMAN

STREET ADDRESS

18707 N.E. 14TH AVE

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33179

TITLE

TD

DELETE

NAME

WEISMAN, TRUDIE

STREET ADDRESS

18707 N.E. 14TH AVE

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33179

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change

Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

Change

Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change

Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change

Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change

Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change

Addition

62 NAME

63 STREET ADDRESS

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)(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 617, 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 - PRES. BEN ABRAMS 1/15/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)