

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 # 714251 (6)
1. Corporation Name

SEVENTH MOORINGS CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified: 03/14/1968
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1261361
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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 (B1-B5) fields.

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's signature required when not starting) DATE:

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALDMAN, MARGE	
STREET ADDRESS	18601 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARP, LEON	
STREET ADDRESS	18601 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, PAULA	
STREET ADDRESS	18601 NE 14TH AVENUE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHLESINGER, ROSALYN	
STREET ADDRESS	18601 NE 14 AVE 112	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

REPORT

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERLIN, PEARL B	
STREET ADDRESS	18601 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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***70.00

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: *Pearl B Berlin* 6/4/96 944-4793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

05/17/96