

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **713888** (6)
1. Corporation Name
TARA ASSOCIATION, INC.

95 APR 20 PM 12: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2121 NORTHEAST 68 STREET
FORT LAUDERDALE FL 33308**

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **12/29/1967** 3a. Date of Last Report **03/23/1994**
4. FEI Number **59-1237569** Applied For Not Applicable
5. Certificate of Status Desired \$6.75 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

9. Name and Address of Current Registered Agent
**DONALDSON, MARION
2121 NE 68TH ST APT 206
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name **Rapoport, Henry**
82 Street Address (P.O. Box Number is Not Acceptable) **2121 NE 68th ST, Apt. 213**
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33308**

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 *Henry Rapoport* **Henry Rapoport, President** 4-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	LIST, SIMONE
STREET ADDRESS	2121 NE 68TH ST.,APT. #108
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	JOYNER, PAMELA
STREET ADDRESS	2121 NE 68TH ST.,APT. #101
CITY - ST - ZIP	FT LAUDERDALE FL 33308
TITLE	SD
NAME	GAFFORD, LUCY NELL
STREET ADDRESS	2121 NE 68TH ST.,APT. #210
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	DT
NAME	SWOBODA, ANNE
STREET ADDRESS	2121 NE 68TH ST.,APT. #211
CITY - ST - ZIP	FT LAUDERDALE FL 33308
TITLE	PD
NAME	DONALDSON, MARION
STREET ADDRESS	2121 NE 68TH ST.,APT. #206
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rapoport, Henry
5.3 STREET ADDRESS	2121 NE 68th St., Apt. 213
5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33308
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne Swoboda* **Anne Swoboda** 4-15-95 305-491-2075
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)