

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90154 039 ****61.25

DOCUMENT # 814298

1. Corporation Name

TAROMINA APTS. INC.

Principal Place of Business

**1936 S OCEAN DRIVE
HALLANDALE FL 33009**

Mailing Address

**1936 S OCEAN DRIVE
HALLANDALE FL 33009**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/19/1960

4. FEI Number

59-0933047

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

9. Name and Address of Current Registered Agent

**CALABRO, CARMELA
1936 S OCEAN DRIVE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSS, MICHAEL	
STREET ADDRESS	1936 S. OCEAN DRIVE 11-D	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VARVARO, JOHN	
STREET ADDRESS	1936 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHIRICO, MARCO	
STREET ADDRESS	1936 SO. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MONTEFORTE, ROBERT	
STREET ADDRESS	1936 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALABRO, CARMELA	
STREET ADDRESS	1936 S. OCEAN DRIVE 18A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAMBELLI, GINO	
STREET ADDRESS	1936 S OCEAN DR #5A	
CITY-ST-ZIP	HALLANDALE FL 33009	

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 checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	LEONARD, EDMUND
4.4 CITY-ST-ZIP	1936 S. OCEAN DRIVE HALLANDALE, FL 33009
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

GINO V. ZAMBELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3/15/99 (954) 454-7972
Date Daytime Phone #

CR2E037 (11/98)