

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V19166**

(0)

1. Corporation Name

TREMONT REALTY, INC.

Principal Place of Business

**2300 SAMPLE ROAD
POMPANO BEACH FL 33442**

Mailing Address

**612 UNION AVENUE
ELIZABETH NJ 07208
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1992

3a. Date of Last Report

06/20/1994

4. FBI Number

65-0319056

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**

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIMPAO, PLINIO J.
58 N. COLLIER BLVD.
APT. 901
MARCO ISLAND FL 33937**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

D

**PIMPAO, PLINIO J.
58 N. COLLIER BLVD. #901
MARCO ISLAND FL**

1.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME

D

**PIMPAO, EDMUND
612 UNION AVE
ELIZABETH NJ**

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME

D

**PIMPAO, RONALD
194 STARLIGHT COURT
OLDBRIDGE NJ**

3.1 TITLE

☒ Change

☐ Addition

STREET ADDRESS
CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**1270 CLINTON PL, APT 201
ELIZABETH, NJ 07208**

TITLE
NAME

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS
CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS
CITY - ST - ZIP

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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Plinio J. Pimpao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr