

# 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 # **814298** (6)

1. Corporation Name

**TAROMINA APTS. INC.**



Principal Place of Business

Mailing Address

**1936 S OCEAN DRIVE  
HALLANDALE FL 33009**

**1936 S OCEAN DRIVE  
HALLANDALE FL 33009**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/19/1960**

3a. Date of Last Report

**03/29/1995**

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**

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

10. Name and Address of New Registered Agent

81 Name **Phyllis Moss**

82 Street Address (P.O. Box Number is Not Acceptable)

**400 GOLDEN ISLES DR.**

83

**# 43**

84

City **HALLANDALE**

FL

85 Zip Code **33009**

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

*Phyllis Moss, TREASURER*

**3-9-96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MOSS, MICHAEL A.**  
STREET ADDRESS **1936 S. OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME **VARUARO, JOHN**  
STREET ADDRESS **1936 S. OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME **CHIRICO, MARCO**  
STREET ADDRESS **1936 SO. OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☒ DELETE

NAME **ZAMBELLI, GINO**  
STREET ADDRESS **1936 S OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME **MONTEFORTE, ROBERT**  
STREET ADDRESS **1936 S. OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME **CALABRO, MILLIE**  
STREET ADDRESS **1936 S. OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** ☐ Change ☒ Addition

1.2 NAME **Phyllis Moss**  
1.3 STREET ADDRESS **400 GOLDEN ISLES DR #43**  
1.4 CITY-ST-ZIP **HALLANDALE FL 33009**

2.1 TITLE **Michael Moss** ☒ Change ☐ Addition

2.2 NAME **1936 S. OCEAN DR #43**  
2.3 STREET ADDRESS **HALLANDALE FL 33009**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Phyllis Moss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-96**

Date

**305-456-6957**

Daytime Phone #

CR2E037 (12/95)

3-27-1996