

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** ☐ DELETE

NAME **MOSS, MICHAEL**
STREET ADDRESS **1936 S. OCEAN DRIVE 11-D**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VPD** ☐ DELETE

NAME **VARVARO, JOHN**
STREET ADDRESS **1936 S. OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VP** ☐ DELETE

NAME **CHIRICO, MARCO**
STREET ADDRESS **1936 SO. OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☒ DELETE

NAME **MONTEFORTE, ROBERT**
STREET ADDRESS **1936 S. OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **PD** ☐ DELETE

NAME **CALABRO, CARMELA**
STREET ADDRESS **1936 S. OCEAN DRIVE 18A**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **TD** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)