

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 02

DOCUMENT # 718990 (5)

1. Corporation Name  
MOFFETT CONDOMINIUM, INC.

Principal Place of Business Mailing Address  
C/O ANGELA M. DIAFERIO 808 MOFFETT STREET, #2 HALLANDALE FL 33009  
C/O ANGELA M. DIAFERIO 808 MOFFETT STREET, #2 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1970 3a. Date of Last Report 01/13/1994  
4. FEI Number 59-1318645 Applied For Not Applicable  
5. Certificate of Status Desired  \$0.75 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

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  
DIAFERIO, ANGELA  
808 MOFFETT STREET, #2  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAFERIO, A.
STREET ADDRESS	808 MOFFETT ST. #2
CITY-ST-ZIP	HALLANDALE FL
TITLE	D
NAME	DIAFERIO, A.
STREET ADDRESS	808 MOFFETT STREET #2
CITY-ST-ZIP	HALLANDALE FL
TITLE	TD
NAME	ALLEN, GEORGE
STREET ADDRESS	108 MARSON AVE
CITY-ST-ZIP	SCOTIA, NY 00000
TITLE	S
NAME	ALLEN, ZENIA S
STREET ADDRESS	108 MARSON AVE
CITY-ST-ZIP	SCOTIA, NY 00000
TITLE	VD
NAME	LUEPTOW, B.
STREET ADDRESS	310 W. JACKSON ST.
CITY-ST-ZIP	PORT WASHINGTON WI
TITLE	D
NAME	DI MELLA, ERNEST A
STREET ADDRESS	38 WOODSIDE DR
CITY-ST-ZIP	WETHERSFIELD, CONN 00000

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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Impellizzeri
3.3 STREET ADDRESS	808 Moffett St #1
3.4 CITY-ST-ZIP	Hallandale, FL, 33009
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Celeste Marion
5.3 STREET ADDRESS	808 Moffett St #6
5.4 CITY-ST-ZIP	Hallandale, FL 33009
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Deceased
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANGELA M. DIAFERIO *Angela M. Diaferio* 1/20/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #