

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 034 ****61.25

0029258

DOCUMENT # 756425

1. Corporation Name

**TAMIAMI AIRPORT WAREHOUSES CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

**13901 SW 140 STREET
MIAMI FL 33186**

Mailing Address

**13901 SW 140 STREET
MIAMI FL 33186**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/19/1981

4. FEI Number

59-2511153

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

**SIMS, LINDA C
13901 SW 140 STREET
MIAMI FL 33186**

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

Linda C Sims

MARCH 3, 1999

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **STEINBRING, STEVE**

STREET ADDRESS **13953 SW 140 ST.**

CITY-ST-ZIP **MIAMI FL 33186**

TITLE **ST** ☐ DELETE

NAME **SIMS, LINDA C**

STREET ADDRESS **13901 S W 140 STREET**

CITY-ST-ZIP **MIAMI FL 33186**

TITLE **DD** ☐ DELETE

NAME **DONNELLY, DAVE**

STREET ADDRESS **13973 SW 140 ST**

CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☒ DELETE

NAME **DAWSON, TOM**

STREET ADDRESS **13977 S.W. 140TH ST.**

CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PO** ☐ DELETE

NAME **KOLOMYSKI, WALTER**

STREET ADDRESS **13959 S. W. 140TH ST.**

CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ DELETE

NAME **CRUZ, JAVIER**

STREET ADDRESS **13985 SW 140 STREET**

CITY-ST-ZIP **MIAMI FL 33186**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **PAT SHEIL**

1.3 STREET ADDRESS **7505 SW 146 COURT**

1.4 CITY-ST-ZIP **MIAMI, FL 33183**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **MILTON SIMS**

2.3 STREET ADDRESS **7440 SW 96 COURT**

2.4 CITY-ST-ZIP **MIAMI, FL 33173**

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:

Walter Kolomycki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 (305) 251-4498

Date

Daytime Phone #

CR2E037 (11/98)