

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 757110

(2)

1. Corporation Name

TAMIAIR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

14055 SOUTHWEST 142ND AVE., UNIT 16
MIAMI FL 33186-6739

14055 SOUTHWEST 142ND AVE., UNIT 16
MIAMI FL 33186-6739

3. Date Incorporated or Qualified

04/02/1981

4. FEI Number

59-2106285

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GLEN E.
7357 WEST FLAGLER STREET
MIAMI FL 33144

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 ☐ DELETE

NAME PO LEE, ROBERT W
STREET ADDRESS 13960 S.W. 99 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME VD THOMPSON, PAUL A
STREET ADDRESS PO BOX 960081 NA
CITY-ST-ZIP MIAMI FL 33296

TITLE ☐ DELETE

NAME SD MAYHEW, PAUL
STREET ADDRESS 1237 RAVEN AVE
CITY-ST-ZIP MIAMI SPRINGS FL 33186

TITLE ☐ DELETE

NAME TD LEE, ELEANOR
STREET ADDRESS 13960 SW 99 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME D GIDDENS, EARL A
STREET ADDRESS 14100 SW 92 AVE.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME D ELALOUF, VICTOR
STREET ADDRESS 15560 SW 111 TERR
CITY-ST-ZIP MIAMI FL 33196

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.

SIGNATURE:

Robert W Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-98 (305) 664-2256
Date Daytime Phone #

CR2E037 (5/98)

0012552