

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:15

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1960** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-0933047** Applied For Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address	5.	Certificate of Status Desired	<input type="checkbox"/>	\$9.75 Additional Fee Required
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State	28	City & State	7.	Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

9. Name and Address of Current Registered Agent
**MOSS, MICHAEL A.
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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) _____ (Typed Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MICHAEL A.	1.2 NAME	
STREET ADDRESS	1936 S. OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARUARO, JOHN	2.2 NAME	
		2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELZ, WINNIE	3.2 NAME	VP
STREET ADDRESS	1936 S. OCEAN DRIVE	3.3 STREET ADDRESS	CHIRICO, MARCO
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	1936 SO. OCEAN DRIVE HALLANDALE, FL
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, PHYLLIS	4.2 NAME	T
STREET ADDRESS	1936 S. OCEAN DRIVE	4.3 STREET ADDRESS	ZAMBELLI, GINO
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	1936 S. OCEAN DRIVE HALLANDALE FL
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEFORTE, ROBERT	5.2 NAME	
STREET ADDRESS	1936 S. OCEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO, MILLIE	6.2 NAME	
STREET ADDRESS	1936 S. OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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 hereof, or on an attachment with an address.

SIGNATURE: Gino Zambelli (TREASURER) 3/24/95 305-454-7972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)