

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 814298 (6)

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

3. Date Incorporated or Qualified: 03/19/1960
3a. Date of Last Report: 03/29/1995
4. FEI Number: 59-0933047
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and 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: Phyllis Moss; 82 Street Address: 400 GOLDEN ISLES DR. # 43; 84 City: HALLANDALE FL; 85 Zip Code: 33009

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: *Phyllis Moss, TREASURER* DATE: 3-9-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: 1ST VP	NAME: MOSS, MICHAEL A.	1.1 TITLE: TREASURER	1.2 NAME: PHYLLIS MOSS
STREET ADDRESS: 1936 S. OCEAN DRIVE	CITY-ST-ZIP: HALLANDALE FL	1.3 STREET ADDRESS: 400 GOLDEN ISLES DR #43	1.4 CITY-ST-ZIP: HALLANDALE FL 33009
TITLE: VPD	NAME: VARUARO, JOHN	2.1 TITLE: MICHAEL MOSS	2.2 NAME: 1936 S. OCEAN DR 110
STREET ADDRESS: 1936 S. OCEAN DRIVE	CITY-ST-ZIP: HALLANDALE FL	2.3 STREET ADDRESS: HALLANDALE FL 33009	2.4 CITY-ST-ZIP: HALLANDALE FL 33009
TITLE: VP	NAME: CHIRICO, MARCO	3.1 TITLE: --	3.2 NAME: --
STREET ADDRESS: 1936 SO. OCEAN DRIVE	CITY-ST-ZIP: HALLANDALE FL	3.3 STREET ADDRESS: --	3.4 CITY-ST-ZIP: --
TITLE: T	NAME: ZABELLI, GINO	4.1 TITLE: --	4.2 NAME: --
STREET ADDRESS: 1936 S OCEAN DRIVE	CITY-ST-ZIP: HALLANDALE FL	4.3 STREET ADDRESS: --	4.4 CITY-ST-ZIP: --
TITLE: SECRY	NAME: MONTEFORTE, ROBERT	5.1 TITLE: 000001760980	5.2 NAME: -03/28/96--01054--005
STREET ADDRESS: 1936 S. OCEAN DRIVE	CITY-ST-ZIP: HALLANDALE FL	5.3 STREET ADDRESS: ***61.25	5.4 CITY-ST-ZIP: --
TITLE: S	NAME: CALABRO, MILLIE	6.1 TITLE: PRESIDENT/DIRECTOR	6.2 NAME: CARMELA CALABRO
STREET ADDRESS: 1936 S. OCEAN DRIVE	CITY-ST-ZIP: HALLANDALE FL	6.3 STREET ADDRESS: 1936 S. OCEAN DR 15A	6.4 CITY-ST-ZIP: HALLANDALE FL 33009

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 119.07(3)(k), 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: *Phyllis Moss* DATE: 3-9-96 DAY/TIME PHONE #: 305-456-6957

CR2E037 (12/95)

3-27-1996