

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H19170

(0)

1. Corporation Name

SANTOMASSINO RESIDENCE, INC.

Principal Place of Business

6810 SOUTHWEST 7TH STREET
MARGATE FL 33068

Mailing Address

6810 SOUTHWEST 7TH STREET
MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1984

38. Date of Last Report

05/20/1994

2. Previous Name of Corporation

26. Mailing Address

4. FEI Number

59-2442884

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

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTOMASSINO, ROSE
6810 SOUTHWEST 7TH STREET
MARGATE FL 33068

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 of Registered Agent or Registered Agent and the Registered Agent)

(Signature of Registered Agent or Registered Agent and the Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC
NAME	SANTOMASSINO, ROSE
STREET ADDRESS	7689 N. W. 21ST STREET
CITY, ST, ZIP	MARGATE FL
TITLE	VSD
NAME	SANTOMASSINO, FRANK N.
STREET ADDRESS	7689 N. W. 21ST STREET
CITY, ST, ZIP	MARGATE FL
TITLE	T
NAME	SANTOMASSINO, JOSEPH F.
STREET ADDRESS	2760 N.E. 52ND STREET
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 is voluntarily furnished and does not qualify for the exception stated in Section 119.021, Florida Statutes. I further certify that the information indicated on the annual report for supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oath that I am an officer or director of this corporation or the registered or transfer agent or authorized to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

Joseph Santomassino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH SANTOMASSINO

4/28/95

(305) 991-2971