**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90234 047 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 280529 1. Corporation Name

THE HOUSE OF MIDULLA, INC.

	<u></u>					<u> </u>			<b>a</b> n anan ana	) <b>Pro</b> ti dirik kadi
Principal Place	e of Business	Mailing Address								
513 S FLORIDA AVE 8206 PROVIDENCE RD										
TAMPA FL 3360	02	SUITE 1200-384	••				OT MOU	TO IN THIS	CDACE	
US CHARLOTTE NC 28277						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			SPACE	
		US				04/16/1964	Juailleo			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number				Applied For
<b>—</b> '	26				59-1061701			-	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.								Additional
22	#, Glo.	27				5. Certifcate of Status D	esired			Required
City & Stat	City & State	ity & State			6. Election Campaign Fit	nancing	□.	\$5.0	May Be	
23		28				Trust Fund Contribution	n		Adde	to Fees
Zip	Country Zip Cou			try		8. This corporation owes	the cum	ent year Int		_ }
24	25	25 29 30				Personal Property Tax			Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address	of New F	Registered	Agent	
				<b>31</b> Na	me					1
MIDU	JLLA, JOSEPH, JR		-	22 64	set Addres	ss (P.O. Box Number is No	Accents	hle)		
2611	BAYSHORE BLVD		82 Street A			35 (F.O. DOX NUMBER 13 140	Accepte	ibic)		1
#140	D1		83							
TAMPA FL 33629			L						1 1 -	
			ĺ	B4 Cit	у			FL	85 Zir	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					ned corpor	ration submits this statemen	nt for the	purpose of	changing i	ts registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thonzed	by the d	orporation	n's board of directors. I here	by accer	ot the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statu	es.						}
SIGNATURE		ANOTE:	Decistored /	aont rìon:	turn required t	when reinstating)		DATE		
			13.	iğəni siğne	(DIS 18Quillo	ADDITIONS/CHANGE	S TO OF	FICERS AN	ID DIRECT	TORS IN 12
12.			1.1 TITL	F	T 104					A 146
TITLE	l '		1.2 NAM		_ M	idulla Ir., 200 Paovidenc harlotte,	Jos	eph D	, _ `	
NAME	MIDULLA JR, JOSEPH D			-	0-	ac Poortidens	PRO	L' Sui	te 12	00-384
STREET ADDRESS	8206 PROVIDENCE BLVD			EET ADDR		i an annual a	- NO	407	דים	,
CITY-ST-ZIP	CHARLOTTE NC		-	/-ST-ZIP	<u> </u>	nAKLOTTE,		~ N X	Change	e Addition
TITLE	1	☐ DELETE	2.1 TITL		1	•			C.J Criangi	- C.Vaquaqu
NAME			2.2 NA	Æ						
STREET ADDRESS			2.3 STF	EET ADDR	ESS					
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP						
TITLE	☐ DELETE 3.1 T		3.1 TITE	E					Change	e
NAME			3.2 NA	KE.						<u> </u>
STREET ADDRESS			3.3 STF	EET ADOF	ESS					ļ
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP						
TITLE		☐ DELETE	4.1 TITU	.E					Chang	e Addition
NAME	Ì		4 2 NA	ME					•	
			4 3 STE	EET ADDA	FSS					ļ
STREET ADDRESS				/-ST-ZIP						Ì
CITY-ST-ZIP		DELETE	5.1 TITI		+-				☐ Chang	e Addition
TITLE			5.2 NAJ						_ •	
NAME			I	•						{
STREET ADDRESS			6.3 OT	EET ADDO	Ecc					1
				EET ADDR	RESS					
CITY-ST-ZIP		[] pereze	5.4 CIT	Y-ST-ZIP	RESS				Chana	o ∏ Addition
CITY-ST-ZIP TITLE				r-ST-ZIP E	RESS				Chang	e

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS