

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 19 1996 8:00 am  
Secretary of State

DOCUMENT # **F23232** (4)  
1. Corporation Name  
**DEROSA REALTY, INC.**



Principal Place of Business Mailing Address  
**614 ATLANTIC SHORES BLVD.  
HALLANDALE FL 33009**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**02/23/1981** **07/17/1995**  
4. FEI Number Applied For  
**59-2062471** 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. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEROSA, MARY  
614 ATLANTIC SHORES BLVD.  
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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |                                            |
|-----------------|----------------------|--------------------------------------------|
| TITLE           | DP                   | <input type="checkbox"/> DELETE            |
| NAME            | DEROSA, MARY         |                                            |
| STREET ADDRESS  | 1220 AZALEA CRESCENT |                                            |
| CITY - ST - ZIP | HOLLYWOOD, FL 00000  |                                            |
| TITLE           | DST                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | DEROSA, CATH         |                                            |
| STREET ADDRESS  | 1220 AZALEA CRESCENT |                                            |
| CITY - ST - ZIP | HOLLYWOOD FL         |                                            |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |                                            |
| STREET ADDRESS  |                      |                                            |
| CITY - ST - ZIP |                      |                                            |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |                                            |
| STREET ADDRESS  |                      |                                            |
| CITY - ST - ZIP |                      |                                            |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |                                            |
| STREET ADDRESS  |                      |                                            |
| CITY - ST - ZIP |                      |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 305-456-7271

CR2E034 (3/96)