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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90125 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J33703

1. Corporation Name

MIDWAY ENTERPRISES, INC.

Principal Place of Business

2490 TAMiami TRAIL
PORT CHARLOTTE FL 33952
US

Mailing Address

2490 TAMiami TRAIL
PORT CHARLOTTE FL 33952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1986

4. FEI Number

59-2719127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MOSCATO, S.J.
2490 TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Moscato, S.J.

82 Street Address (P.O. Box Number is Not Acceptable)

1182 Tamiami Trail

83

Unit I

84 City

Port Charlotte

FL

85 Zip Code

33953

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOSCATO, S.J.
STREET ADDRESS 18601 KLINGLER CIR.
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE VP
NAME MOSCATO, NANCY
STREET ADDRESS 18601 KLINGLER CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE S
NAME MOSCATO, SANDRA
STREET ADDRESS 21459 WEBBWOOD LANE
CITY-ST-ZIP PORT CHARLOTTE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/C

☒ Change

☐ Addition

1.2 NAME

Moscato, S.J.

1.3 STREET ADDRESS

18601 Klingler Circle

1.4 CITY-ST-ZIP

Port Charlotte, FL. 33948

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

Moscato, Nancy

2.3 STREET ADDRESS

18601 Klingler Circle

2.4 CITY-ST-ZIP

Port Charlotte, FL. 33948

3.1 TITLE

S

☐ Change

☒ Addition

3.2 NAME

Moscato, Karen

3.3 STREET ADDRESS

21507 Bancroft Ave.

3.4 CITY-ST-ZIP

Port Charlotte, FL 33954

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)