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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

**DERIGGI DEVELOPMENT INCORPORATED** 

**FILED** Feb 03 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address     |   |   |   |            |                   | E INGLIANDI AND HIND ARBEI ARDII HENDE ARILI ARALI ARALI ARALI ARALI ARALI                      | ON OLON CION OF               | #II <b>#</b>  #                |
|---|---|---|---|------------|-------------------|---|-------------------------------|--------------------------------|
| 20 ARBUTUS ROAD<br>PUTNAM VALLEY NY 10578       |   | 20 ARBUTUS ROAD<br>PUTNAM VALLEY NY 105                                 | 20 ARBUTUS ROAD<br>PUTNAM VALLEY NY 10579 |            |                   | DO NOT WRITE IN THIS  | S SPACE                       |                                |
|   |   |   |   |            |                   | 3. Date Incorporated or Qualified   |                               |                                |
|   |   |   |   |            |                   | 07/30/1991  |                               |                                |
| 2. Principal F                                  | Place of Business   | 2a. Mailing Address   | 2a. Mailing Address                       |            |                   | 4. FEI Number   | Α                             | pplied For                     |
| 21  |   | 26  |   |            |                   | 06-1:157051   |                               | ot Applicable                  |
| Suite, Apt.                                     | #, eic.   | · ·   | Suite, Apt #, etc.                        |            |                   | 5. Certificate of Status Desired  |                               | Additional                     |
| City & Stat                                     | Da .  | City & State  | City & State                              |            |                   |   |                               | tequired                       |
| 23  |   | <del></del> 1   | 28  |            |                   | 6. Election Campaign Financing  Trust Fund Contribution   |                               | May Be<br>to Fees              |
| Zip   | Country Zip Co  |   |   | itry       |                   | 8. This corporation owes or has paid the c  |                               |                                |
| 24  | 25  | 29  | 30  |            |                   | Personal Property Tax due June 30.  |                               | ∏ No                           |
| 9. Name and Address of Current Registered Agent |   |   |   |            |                   | 10. Name and Address of New Registered  | J Agent                       |                                |
| DE  | RIGGI SALVATORE   |   |   | B1 1       | Vame              |   |                               |                                |
|   | 30 \$ PALMETTO AVE  |   | 82 Street A                               |            | Street Addres     | ss (P.O. Box Number is Not Acceptable)  | <del></del>                   |                                |
|   | PT. 27  |   |   |            |                   |   |                               |                                |
| SC  | OUTH DAYTONA FL 32119   |   | 1   | 33         |                   |   |                               | į                              |
|   |   |   | 1   | 94 (       | Dity              |   | <b>85</b> Zip                 | Code                           |
| 11 Durament                                     | to the provisions of Sections 607.06  | (A) and CA7 1500 Florida Platite  | o the sh                                  |            | omad saraa        | Fl<br>ration submits this statement for the purpose   |                               | ito rogiotorod                 |
| office or agent. I a                            | registered agent, or both, in the Statum familiar with, and accept the obli | te of Florida. Such change was a<br>ligations of, Section 607,0505, Flo | uthorized<br>rida Statu                   | by th      | e corporation     | ration submits this statement for the purpose<br>n's board of directors. I hereby accept the ap | or changing i<br>pointment as | its registered<br>s registered |
| SIGNATURE                                       |   |   |   |            |                   |   |                               |                                |
|   |   |   | 13.                                       | Agent s    | ignature required | when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTO                    | BS IN 12                       |
| TITLE   | CPT   | DELETE  | 1.1 1111                                  | E          |                   | ADDITIONO, OF INTIALS TO STRUCTURE AT   | Change                        | Addition                       |
| NAME  | DERIGGI, ONOFRIO  | _   | 1.2 NAM                                   |            |                   |   |                               | _                              |
| STREET ADDRESS                                  | 40 400 000 00   |   | 1.3 STR                                   | EET ADI    | DRESS             |   |                               |                                |
| CITY-ST-ZIP                                     | PUTNAM VALLEY NY  |   | 14 CITY                                   | /-SI-Z     | IP                |   |                               |                                |
| TITLE   | VCV   | DELETE  | 2 1 TITL                                  | F          |                   | 4, ,  | Change                        | Addition                       |
| NAME  | DERIGGI, MARIA  |   | 2 2 NAN                                   | 1F         |                   |   |                               |                                |
| STREET ADDRESS                                  | 20 ARBUTUS RD.  |   | 2.3 STR                                   | EET AD(    | DRESS             |   |                               | ļ                              |
| CITY-ST-ZIP                                     | PUTNAM VALLEY NY  |   | 2. 4 CIT                                  | Y - ST - Z | /IP               |   |                               |                                |
| TITLE   | 8   | DELETE  | 3 1 TITL                                  | E          |                   |   | Change                        | Addition                       |
| NAME  |   |   | 3.2 NAM                                   | 3.2 NAME   |                   |   |                               |                                |
| STREET ADDRESS                                  | 20 ARBUTUS RD.  |   |   | EET ADO    | 1                 |   |                               |                                |
| CITY-ST-ZIP                                     | PUTNAM VALLEY NY  | DELETE  | 3.4. CIT                                  |            | 'IP               |   | Change                        | Addition                       |
| TITLE   |   |   | 4.1 TITLE<br>4. 2 NAME                    |            |                   |   | ∐ Change                      | L_J Addition                   |
| NAME<br>STREET ADDRESS                          |   |   |   |            | nreč              |   |                               |                                |
| CITY-ST-ZIP                                     |   |   | 4.3 STREET<br>4.4 CITY - S                |            |                   |   |                               |                                |
| TITLE   |   | DELETE  | 5.1 TITL                                  |            | "                 |   | Change                        | Addition                       |
| NAME  |   | _   | 5.2 NAME                                  |            |                   |   | _ *                           |                                |
| STREET ADDRESS                                  |   |   | 5.3 STRI                                  |            | DRESS             |   |                               | ļ                              |
| CITY-ST-ZIP                                     |   |   | 5.4 CITY                                  | -ST-ZI     | P                 |   |                               | ľ                              |
| TITLE   | ···········   | ☐ DELETE  | 6.1 TITLE                                 |            |                   |   | Change                        | Addition                       |
| NAME  |   |   | 6.2 NAME                                  |            |                   |   |                               |                                |
| STREET ADDRESS                                  |   |   | 6.3 STRE                                  | E1 ADD     | ORESS             |   |                               |                                |
|   |   |   | 6.4 CITY                                  |            |                   |   |                               |                                |
| 14. Thereby o                                   | erlify that the information supplied a                                      | with this filing doos not qualify for                                   | the even                                  | antion     | stated in Se      | ection 119 07(3)(i) Florida Statutes I further o  | ertify that the               | information                    |

I nereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.