

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90047 045 \*\*\*150.00

DOCUMENT # P34876

1. Corporation Name

DERIGGI DEVELOPMENT INCORPORATED

Principal Place of Business

20 ARBUTUS ROAD  
PUTNAM VALLEY NY 10579

Mailing Address

20 ARBUTUS ROAD  
PUTNAM VALLEY NY 10579



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1991

4. FEI Number

06-1157051

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 owes the current year Intangible  
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

22 3 CREEK SIDE Rd

City & State

23 HOPEWELL JCT NY

Zip

24 12533-6047

Country

25 USA

Suite, Apt. #, etc.

27 3 CREEK SIDE Rd

City & State

28 HOPEWELL JCT NY

Zip

29 12533-6047

Country

30 USA

9. Name and Address of Current Registered Agent

DERIGGI SALVATORE  
1830 S PALMETTO AVE  
APT. 27  
SOUTH DAYTONA FL 32119

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPT ☐ DELETE

NAME DERIGGI, ONOFRIO

STREET ADDRESS 20 ARBUTUS RD.

CITY-ST-ZIP PUTNAM VALLEY NY

TITLE VCV ☐ DELETE

NAME DERIGGI, MARIA

STREET ADDRESS 20 ARBUTUS RD.

CITY-ST-ZIP PUTNAM VALLEY NY

TITLE S ☐ DELETE

NAME DERIGGI, MARIA

STREET ADDRESS 20 ARBUTUS RD.

CITY-ST-ZIP PUTNAM VALLEY NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3 CREEK SIDE Rd  
HOPEWELL JCT NY 12533-6047

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3 CREEK SIDE Rd  
HOPEWELL JCT NY 12533-6047

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3 CREEK SIDE Rd  
HOPEWELL JCT NY 12533-6047

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 (11/98)