FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029998 (9)**

1. Corporation Name

MIDULLA-DEROSE PROPERTIES, INC.

Principal Place of Business	Mailing Address
4904 LYFORD CAY ROAD TAMPA FL 33609	4904 LYFORD CAY ROAD TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1994	

2. Principal Place of Business	2a. Mailing Address
21 513 South FLORIDA Ave	26 PO Box 26187
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FLORIDA	28 City & State: TAMPA, FLORIDA
24 Zip: 33602 25 Country: USA	29 Zip: 33623 30 Country: USA

4. FEI Number: 59-1633902 ☐ 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

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HODGES, GEOFFREY T 501 EAST KENNEDY BLVD. SUITE 1400 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MIDULLA, WILLIAM	12 NAME	
STREET ADDRESS	5107 JULES VERNE CT	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MURGIO, JOSEPH JR	22 NAME	
STREET ADDRESS	727 DAKOTA TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, GERALDINE	32 NAME	
STREET ADDRESS	14210 INDIAN WELLS DR	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77069	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MURGIO, DIANE	42 NAME	
STREET ADDRESS	727 DAKOTA TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DILORENZO, ERNESTINE	52 NAME	
STREET ADDRESS	2758 ELGINFIELD ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43220	54 CITY-ST-ZIP	
TITLE	PR	61 TITLE	President & Director ☐ Change ☑ Addition
NAME		62 NAME	Joseph D. Midulla, JR.
STREET ADDRESS		63 STREET ADDRESS	4904 Lyford Cay Road
CITY-ST-ZIP		64 CITY-ST-ZIP	Tampa, Florida 33629

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)(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.

SIGNATURE: Joseph D Midulla Jr. Joseph D. Midulla, JR. 4/20/95 813 782-0576
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0301007 CP