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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000029998 (9)**

1. Corporation Name
MIDULLA-DEROSE PROPERTIES, INC.

Principal Place of Business	Mailing Address
513 SOUTH FLORIDA AVENUE TAMPA FL 33602 US	1800 WHISPERING FOREST DRIVE SUITE 101 CHARLOTTE NC 28270-1343 US

2. Principal Place of Business	2a. Mailing Address
21	26 8206 Providence Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1200-384
City & State 23	City & State 28 Charlotte, NC
Zip 24 / Country 25	Zip 29 28277 / Country 30 USA

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report: 02/09/1996
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
8. This corporation has liability for intangible tax under s. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIDULLA, WILLIAM		1.2 NAME		
STREET ADDRESS	5107 JULES VERNE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MURGIO, JOSEPH JR		2.2 NAME		
STREET ADDRESS	727 DAKOTA TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, GERALDINE		3.2 NAME		
STREET ADDRESS	14210 INDIAN WELLS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77069		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURGIO, DIANE		4.2 NAME		
STREET ADDRESS	727 DAKOTA TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DILORENZO, ERNESTINE		5.2 NAME		
STREET ADDRESS	2756 ELGINFIELD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43220		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE	MD	☑ Change ☐ Addition
NAME	MIDULLA, JOSEPH D JR.		6.2 NAME	Midulla, Joseph D. Jr.	
STREET ADDRESS	1800 WHISPERING FOREST DRIVE SUITE 101		6.3 STREET ADDRESS	8206 Providence Rd. Suite 1200-384	
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP	Charlotte, NC 28277	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Joseph D. Midulla Jr. Joseph D. Midulla, JR. 4/28/97 704 846-8765