

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90234 048 ***150.00

DOCUMENT # P94000029998

1. Corporation Name

MIDULLA-DEROSE PROPERTIES, INC.

Principal Place of Business

513 SOUTH FLORIDA AVENUE
TAMPA FL 33602
US

Mailing Address

8206 PROVIDENCE RD
SUITE 1200-384
CHARLOTTE NC 28277
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HODGES, GEOFFREY T
400 NORTH TAMPA STREET
SUITE 32630
TAMPA FL 33602

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 **D** ☐ DELETE
NAME **MIDULLA, WILLIAM**
STREET ADDRESS **5107 JULES VERNE CT**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ DELETE
NAME **MURGIO, JOSEPH JR**
STREET ADDRESS **727 DAKOTA TRAIL**
CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE **D** ☐ DELETE
NAME **CHRISTENSEN, GERALDINE**
STREET ADDRESS **14210 INDIAN WELLS DR**
CITY-ST-ZIP **HOUSTON TX 77069**

TITLE **D** ☐ DELETE
NAME **MURGIO, DIANE**
STREET ADDRESS **727 DAKOTA TRAIL**
CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE **D** ☐ DELETE
NAME **DIORENZO, ERNESTINE**
STREET ADDRESS **2756 ELGINFIELD ROAD**
CITY-ST-ZIP **COLUMBUS OH 43220**

TITLE **MD** ☐ DELETE
NAME **MIDULLA, JOSEPH D JR.**
STREET ADDRESS **8206 PROVIDENCE RD SUITE 1200-384**
CITY-ST-ZIP **CHARLOTTE NC**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 #

Joseph D. Midulla, Jr. **Joseph D. Midulla, Jr.** **1/23/99** **704 341-3038**

CR2E034 (1/98)