FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F15125** **(0)**

1. Corporation Name

DIVERSIFIED UNDERWRITERS SERVICES, INC.

Principal Place of Business

8240 NW 52ND TERR. #400
MIAMI FL 33166

Mailing Address

8240 NW 52ND TERR. #400
MIAMI FL 33166

3. Date Incorporated or Qualified: **01/15/1981**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2058456** ☐ 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

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SPITZER, VAN
8140 NW 52ND TERR
#400
MIAMI FL 33166

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 Section 607.0504 and 607.1505, 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 duties and responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	VD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	MESTRE, LIANA		2 NAME	
3 STREET ADDRESS	8240 NW 52ND TERR, #400		3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
5 TITLE	PSD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
6 NAME	SPITZER, JAN H.		6 NAME	
7 STREET ADDRESS	8240 NW 52ND TERR, #400		7 STREET ADDRESS	
8 CITY-ST-ZIP	MIAMI FL		8 CITY-ST-ZIP	
9 TITLE	TD	☐ DELETE	9 TITLE	☐ Change ☐ Addition
10 NAME	KROLL, JOHN		10 NAME	
11 STREET ADDRESS	8240 NW 52ND TERR, #400		11 STREET ADDRESS	
12 CITY-ST-ZIP	MIAMI FL		12 CITY-ST-ZIP	
13 TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
14 NAME			14 NAME	
15 STREET ADDRESS			15 STREET ADDRESS	
16 CITY-ST-ZIP			16 CITY-ST-ZIP	
17 TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
18 NAME			18 NAME	
19 STREET ADDRESS			19 STREET ADDRESS	
20 CITY-ST-ZIP			20 CITY-ST-ZIP	
21 TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME			22 NAME	
23 STREET ADDRESS			23 STREET ADDRESS	
24 CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: _____ 3-26-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

VAN SPITZER