

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J66839 (8)**
1. Corporation Name
DIVERSITECH, INC.



Principal Place of Business: **2411 N. W. 41ST STREET P. O. BOX 7160 GAINESVILLE FL 32605-4160**
Mailing Address: **2411 N. W. 41ST STREET P. O. BOX 7160 GAINESVILLE FL 32605-7160 US**

3. Date Incorporated or Qualified: **04/03/1987**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-2797360**
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
**ENWALL, PETER C. K.
211 N.E. 1ST STREET
GAINESVILLE FL 32601**

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 607.1505, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent if not applicable. (If not Registered Agent, signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BACUS, JAMES N.	
STREET ADDRESS	5306 N.W. 67TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRIGHT, KIM R.	
STREET ADDRESS	N 9043 OLD MADISON ROAD	
CITY - ST - ZIP	NEW GLARUS WI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRINKERHOFF, W. LEIGH	
STREET ADDRESS	9015 W MAPLE ST	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MONDAY, BARBARA H	
STREET ADDRESS	2718 SW 75TH ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KESSLER, DEBRA	
STREET ADDRESS	9015 W MAPLE ST	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Jorgen Hartzberg
33 STREET ADDRESS	2411 N. W. 41st Street
34 CITY - ST - ZIP	Gainesville, FL 32606-6662
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	4342 N. W. 61st Terrace
44 CITY - ST - ZIP	Gainesville, FL 32606
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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: Barbara Monday 4/19/96 352-377-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)