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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2797360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.1508, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BACUS, JAMES N.	
STREET ADDRESS	5306 N.W. 67TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRIGHT, KIM R.	
STREET ADDRESS	N 9043 OLD MADISON ROAD	
CITY - ST - ZIP	NEW GLARUS WI	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARTZBERG, JORGEN	
STREET ADDRESS	2411 NW 41ST ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MONDAY, BARBARA H	
STREET ADDRESS	4342 NW 61ST TERR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KESSLER, DEBRA	
STREET ADDRESS	9015 W MAPLE ST	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASAMENTO, MICHAEL	
STREET ADDRESS	2411 N.W. 41 ST.	
CITY - ST - ZIP	GAINESVILLE FL 32605	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10-12 Bogealle	
3.4 CITY - ST - ZIP	Horsholm, Denmark, DK 2070	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	300 River Street	
6.4 CITY - ST - ZIP	Derby, KS 67037	

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: *Barbara Monday* **Barbara Monday** 3/27/97 352-377-7071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)