

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P39337 (1)**  
1. Corporation Name:

**DIVERSIFIED COMMUNICATIONS INDUSTRIES, LTD., INC**



Principal Place of Business <b>% JOSEPH F. BRADWAY, JR. 50 COCONUT ROW, SUITE 119 PALM BEACH FL 33480</b>	Mailing Address <b>% JOSEPH F. BRADWAY, JR. 50 COCONUT ROW, SUITE 119 PALM BEACH FL 33480</b>	3. Date Incorporated or Qualified <b>06/22/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 <b>46 340 Royal Palm Way</b> Suite, Apt #, etc. 22 <b>SUITE 205</b> City & State 23 <b>PALM BEACH, FLORIDA</b>	2a. Mailing Address 26 <b>c/o 340 Royal Palm Way</b> Suite, Apt #, etc. 27 <b>SUITE 205</b> City & State 28 <b>PALM BEACH, FLORIDA</b> Zip 29 <b>33480</b> Country 25 <b>USA</b>	4. FEI Number <b>13-1726429</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRADWAY, JOSEPH F JR 50 COCONUT ROW SUITE 119 PALM BEACH FL 33480</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>525 So. FLAGLER</b> 83 # <b>4-F</b> 84 City <b>WEST PALM BEACH</b> FL 85 Zip Code <b>33401</b>
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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. Thereby 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 removal.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD BRADWAY, JOSEPH F. JR. 601 CLEARWATER PK RD. WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>PSD BRADWAY, JOSEPH F. JR. 525 So. FLAGLER, #4-F WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PIERCE, THOMAS K 601 CLEARWATER PK RD. WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VF MASHBURN, PERRY 601 CLEARWATER PARK RD WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONNOR, CHARLES 601 CLEARWATER PK RD. WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<b>D CONNOR, CHARLES 525 So. FLAGLER, #4-F WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOMAS, ERIC 601 CLEARWATER PK RD. WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<b>D LOMAS, ERIC 525 So. FLAGLER, #4-F WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEARLES, WILLIAM 601 CLEARWATER PK RD. WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<b>D SEARLES, WILLIAM 525 So. FLAGLER, #4-F WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed for on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)