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Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K22481 (1)

1. Corporation Name  
SCHWARZER DIVERSIFIED, INC.

Principal Place of Business  
% BARNEY J. SCHWARZER  
401 N.E. 19TH AVENUE, SUITE 34  
DEERFIELD BEACH FL 33441

Mailing Address  
% BARNEY J. SCHWARZER  
401 N.E. 19TH AVENUE, SUITE 34  
DEERFIELD BEACH FL 33441-3740



3. Date Incorporated or Qualified 05/03/1988	3a. Date of Last Report 02/28/1996
4. FEI Number 31-1246461	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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	30

9. Name and Address of Current Registered Agent

SCHWARZER, BARNEY J.  
401 N.E. 19TH AVENUE  
SUITE 34  
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P	<input type="checkbox"/> DELETE
NAME	SCHWARZER, BARNEY J.	
STREET ADDRESS	401 N.E. 19TH AVE #34	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWARZER, DORIS J.	
STREET ADDRESS	401 NE 19TH AVE #34	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAMBROS, JOYCE A	
STREET ADDRESS	3808 CIRCLEWOOD COURT	
CITY - ST - ZIP	FAIRVIEW PARK OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAMBROS, JOYCE A.	
STREET ADDRESS	3808 CIRCLEWOOD COURT	
CITY - ST - ZIP	FAIRVIEW PARK OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	6100 BROADVIEW ROAD
3.4 CITY - ST - ZIP	PARMA, OH 44134
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6100 BROADVIEW ROAD
4.4 CITY - ST - ZIP	PARMA, OH 44134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 as an attachment with an address.

SIGNATURE:

*[Signature]* JOYCE A. LAMBROS

1-14-97

CR2E034 (9/96)