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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

i. Corporation	MENT # 453581 ILLA DIVERSIFIED, INC.						
GASPAN	LLA DIVERSIFIED, INC.						
Principal Place of Business Mailing Address					T 1881/IT B1891 B1888 11101 B1881 IB	Fi 1401 Bibli Bibli Bibli Bibli bib	ti dibit biali that
13010 FISHERY	RD	PO BOX 37					
PLACIDA FL 33946 P.O.BOX 37					DO NOT WRI	TE IN THIS SPACE	
US		PLACIDA FL 33946 US			3. Date Incorporated or Qualifed		
	•	••			05/24/1974		
2. Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number		Applied For
21		26			59-1543758		Not Applicable
L	Suite, Apt. #, etc.			_	5. Certifcate of Status Desired	T	5 Additional Required
22		27				_	
<u> </u>	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	1 1	0 May Be ed to Fees
Zip	Country Zip				8. This corporation owes the curr		4 10 1 003
24	25		Country		Personal Property Tax.	Yes	⊠No
_	9. Name and Address of Current			774	.10. Name and Address of New F	Registered Agent	
			81	Name	,		ļ
WOTITZKY,LEO 227 TAYLOR STREET 82 Street Addre					ress (P.O. Box Number is Not Accepta	able)	
227 TALON STREET							
PUN	IA GURDA FL		83				
		•	84	City		FL 85 Zi	ip Code
	4.0-4	and 607 4509. Florida Statutos	the phow	named corr	poration submits this statement for the	numose of changing	its registered
11. Pursuant	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accep	t the appointment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ta Statutes	• :			• • •
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ager	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Chang	je 🗌 Addition
NAME	ALBRITTON, EUNICE M		1.2 NAME				
STREET ADDRESS			1.3 STREET	FADDRESS			
CITY-ST-ZIP	PLACIDA FL	C] e.e. e.e.	1.4 CITY-S	T-ZIP		Chang	e Addition
TITLE	VD	☐ DELETE	2.1 TITLE			Chang	eAddition
NAME	ALBRITTON, A GARRY		2.2 NAME				
STREET ADDRESS	13010 FISHERY RD		2.3 STREET	i		,	
CiTY-ST-ZIP	PLACIDA FL STD	DELETE	2, 4 CITY-S	6(-219		☐ Chang	ge Addition
NAME	ALBRITTON, GREGORY A		3.2 NAME			_	
STREET ADDRESS	13010 FISHERY RD			T ADDRESS			
CITY-ST-ZIP	PLACIDA FL		3.4. CITY- S				
TITLE		☐ DELETE	4.1 TITLE			Chang	ge
NAME			4.2 NAME	}			ı
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	· · · · ·	☐ DELETE	5.1 TITLE			Chang	ge
NAME			5.2 NAME				
STREET ADDRESS				FADDRESS			
CITY-ST-ZIP		☐ OELETE	5.4 CITY-S 6.1 TITLE	1-ZIP	<u> </u>	Chang	ge
TITLE		☐ OFFE1F	6.2 NAME				ν ∟ Λασιασίι
NAME C				TADORESS			
STREET ADDRESS			_ U.U U				

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: