

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

DOCUMENT # **504639** (6)  
1. Corporation Name  
**NATIONAL DIVERSIFIED, INC.**

95 MAY -1 PH 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4361 PETERS ROAD PLANTATION FL 33317 US** **4361 PETERS ROAD PLANTATION FL 33317-4542 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/04/1976** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-1679011** 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  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 Country 29 Zip Country  
24 Country 25 Country 30 Country

9. Name and Address of Current Registered Agent  
**POPKIN, EDWARD D.  
2499 GLADES RD #114  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name **MEISLER & SMITH, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **10211 W. SAMPLE RD. # 212**  
83  
84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

11. Pursuant to the provisions of Sections 607.0602 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]* **MICHAEL C. MEISLER** DATE **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD WISE, ARTHUR</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4361 PETERS ROAD</b>	1.2 NAME	
STREET ADDRESS	<b>PLANTATION FL</b>	1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE	<b>S WISE, MARION</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4361 PETERS ROAD</b>	2.2 NAME	
STREET ADDRESS	<b>PLANTATION FL</b>	2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE	<b>VD GRUSKIN, MARC</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4361 PETERS ROAD</b>	3.2 NAME	
STREET ADDRESS	<b>PLANTATION FL</b>	3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE	<b>T GRUSKIN, JOAN</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4361 PETERS ROAD</b>	4.2 NAME	
STREET ADDRESS	<b>PLANTATION FL</b>	4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(g), Florida Statute. 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, or both, on an appointment with an address.  
SIGNATURE: *[Signature]* **ARTHUR WISE** DATE **4/26/95** 305-792-7060