_ REPORT 996 ENT # 5046 L DIVERSIFIED, INC. Business DAD 33317 of Business tc. Country 25 Name and Address of Cur	DIVISION O		3. Date incorporated or Qualified O6/04/1976 4. FEI Number 59-1679011 5. Certificate of Status Desired	3a. Date of Last Report 05/01/1995
ENT # 5046 me L DIVERSIFIED, INC. Business DAD 33317 of Business tc. Country 25	Address Address Address Address Address Address Address 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip		<ol> <li>Date Incorporated or Qualified 06/04/1976</li> <li>FEI Number 59-1679011</li> </ol>	3a. Date of Last Report 05/01/1995 Applied For
me L DIVERSIFIED, INC. Business DAD 33317 of Business tc. Country 25	Mailing Address 4361 PETERS ROAD PLANTATION FL 3331 US 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip		<ol> <li>Date Incorporated or Qualified 06/04/1976</li> <li>FEI Number 59-1679011</li> </ol>	3a. Date of Last Report 05/01/1995 Applied For
Business DAD 33317 of Business tc. Country 25	4361 PETERS ROAD PLANTATION FL 3331 US 26 Suite, Apt. #, etc. 27 City & State 28 Zip		<ol> <li>Date Incorporated or Qualified 06/04/1976</li> <li>FEI Number 59-1679011</li> </ol>	3a. Date of Last Report 05/01/1995 Applied For
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Country	28. Mailing Address         25         Suite, Apt. #, etc.         27         City & State         28         Zip		06/04/1976 4. FEI Number 59-1679011	05/01/1995 Applied For
Country	26 Suite, Apt. #, etc. 27 City & State 28 Zip		4. FEI Number 59-1679011	Applied For
Country 25	Suite, Apt. #, etc.           27           City & State           28           Zip			Not Applicable
25	City & State 28 Zip		3. Certinoate di Status Dosreu	\$8,75 Additional
25	28 Zip		6. Election Campaign Financing	L_J Fee Required
25	hanna i		Trust Fund Contribution	Added to Fees
Name and Address of Cur		Country 30	<ul> <li>6. This corporation has liability for i Florida Statutes</li> <li>Yes</li> </ul>	
	rent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
SMITH PA			Address (P.O. Box Number is Not Acceptab	
AMPLE RD 212				
RINGS FL 33065		83		
		84 City		FL <sup>85</sup> Zip Code
igent, or both, in the State of F	-lorida. Such change was authori	ized by the corporation's b	propriation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
	Section 607.0505, Florida Statute	-		
ture, typed or printed name of registered a OFFICERS ,	AND DIRECTORS	NOTE Registered Agent signature req 13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
	DELETE	1. 1 THTLE		CERS AND DIRECTORS IN 12
WISE, ARTHUR 4361 PETERS ROAD		1.2 NAME 1.3 STREET ADDRESS		034
PLANTATION FL		1.4 CITY - ST - ZIP		100
s Wise, Marion	DELETE	2 1 TITLE 2 2 NAME		Change Addition O
1361 PETERS ROAD		2.3 STREET ADDRESS		
PLANTATION FL		24 DITY-ST-ZIP		
<i>v</i> d Gruskin, Marc	DELETE	3. 1 TITLE 3.2 NAME	PD	Change 🔲 Addition
1361 PETERS ROAD		3.3 STREET ADDRESS		
PLANTATION FL		3.4 CITY - ST - ZIP		
i Gruskin, Joan	DELETE	4. 1 TITLE 4.2 NAME	D.5.T	Change 🗋 Addition
1361 PETERS ROAD		4.2 NAME 4.3 STREET ADDRESS		
PLANTATION FL		4.4 CITY-ST-ZIP		]
	DELETE	5. 1 TITLE		Change 🗋 Addition
		5.4 CITY-ST-ZIP		
	DELETE	6 1 THEE	······································	Change 🗖 Addition
		6.2 NAME		
		rnished and does not qualify	lify for the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further
tify that the information supplie	ed with this filing is voluntarily fun		e this report as required by Chapter 607, Fic	Same legal effect as it made under prida Statutes; and that my name
information indicated on this an an officer or director of the col	annual report or supplemental ann	ee empowered to execute t	re answind	
<u>"LAN</u>	ration fl	DELETE     DELETE     DELETE     DELETE     at the information supplied with this filing is voluntarily fur indicated on this annual report or supplemental an	DELETE     S. 1 TITLE     S. 2 NAME     S.2 NAME     S.3 STREET ADDRESS     S.4 CLY-ST-ZIP     DELETE     G.1 TITLE     G.2 NAME     G.3 STREET ADDRESS     G.4 CLY-ST-ZIP     at the information supplied with this filing is voluntarily furnished and does not qual     iation indicated on this annual report or supplemental annual report is true and acc     icer or director of the corporation or the receiver or trustee empowered to execute	DELETE     DELETE     S. 1 TIFLE     S. 2 NAME     S.2 NAME     S.3 STREET ADDRESS     S.4 CETY-ST-ZIP     DELETE     DELETE     DELETE     O     DELETE     O     DELETE     O     S STREET ADDRESS     S     S     G     CETY-ST-ZIP     O     DELETE     O     S