FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **559908** **(9)**

1. Corporation Name

U.S. DIVERSIFIED CORPORATION

Principal Place of Business

1350 NW 4 ST
HOMESTEAD FL 33030

Mailing Address

1350 NW 4 ST
HOMESTEAD FL 33030

2. Principal Place of Business

21
Suite/Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address

26
Suite/Apt. #
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **02/15/1978**

3a. Date of Last Report: **02/07/1995**

4. FEI Number: **59-1814163** [ ] Applied For [ ] Not Applicable

5. Qualified to Do Business [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has Liability for corporate tax under s. 190.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HAIGHT, RONALD E.
18320 S.W. 294 STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section [illegible] Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	HAIGHT, RONALD EDWARD	
STREET ADDRESS	18320 S.W. 294 STREET	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	S	[ ] DELETE
NAME	HAIGHT, JOAN L	
STREET ADDRESS	18320 S.W. 294 STREET	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	[ ] Change	[ ] Addition
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CITY-STATE-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or other court-appointed fiduciary as defined in Section 607.01401, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or is entered in Block 13 by an amendment.

SIGNATURE: 3-6-96 305 245 5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)