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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 565095

(7)

DIVERSIFIED STEAM SERVICES OF AMERICA, INC.

Principal Place of Business Mailing Address		T YOU'RE GIVE BIVEN BIVEN BIVEN BEEN DEEN BIBLI REBNE BLOKE BEELF SEBER BIRDE FORD		
1365 NW 181ST STREET Miami Fl 33189 US	1365 NW 181ST STREET Miami FL 33189-4141 US			
			3. Date Incorporated or Qualified 01/06/1978	3a. Date of Last Report 02/26/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1796260	Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country 30	8. This corporation has liability for	
9 Name and Address o	29 Current Registered Agent	30	10. Name and Address of New Re	
KEHL, GEORGE L.		81 Name		
1365 NW 181ST ST		00 0	ress (P.O. Box Number is Not Acceptal	halas
MIAMI FL 33169		82 Street Add	ress (P.O. Box number is Not Acceptat	эе)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83		
		84 City		85 Zip Code
44. 5	007.0100			FL S Z D O O O O
 Pursuant to the provisions of Sections office or registered agent, or both, in t 	the State of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the l tion's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
agent if am familiar with land accept t	the obligations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE Signature type 3 or preted name of reg	usissed abent and the Papplicable (NO16	Registered Agent signature requ	ired when reinstating)	DATE
<u></u>	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD	☐ DELETE	1,3 TITLE		Change Addition
NAME KEHL, GEORGE L.		1.2 NAME		
STREET ADDRESS 1365 NW 181ST ST		1.3 STREET ADDRESS		
CHY-ST-ZIP MIAMI FL		1,4 CITY - ST - ZIP		
THLE TD	☐ DELETE	2.1 TITLE		Change Addition
NAME KEHL, GEORGE J	•	2 2 NAME		
STREET ADDRESS 6827 SW 162NO WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL	DELETE	2 4 CITY-ST-ZIP		Change
NAME ROBINSON, GEORGINA		3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 13723 CROMER CT	n	3 2 NAME 3 3 STREET ADDRESS		
CHY-ST-ZIP WEST PALM BCH FL		3.4. CITY-ST-ZIP		
TIFLE	DELETE	4.1 TITLE		Change Addition
NAME	- -	4, 2 NAME		•
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TIFLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY- ST-ZIP		5.4 CITY - ST - ZIP		
TIFLE	DELETE	6.1 TITLE		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
C/TV . CT., 7(0)		EACITY ST. 7/D		

SIGNATURE:

George L. Kehl 1365 NOAAWest 1815¢

14. I do hereby certify that the information simplied 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 emptywered 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. 1-14-97 305-6240389

FILED

Jan 21 1997 8:00am

Secretary of State