FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1998		FTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 02 1998 8:00am Secretary of State		
CHARL	MENT # 643998 OTTE DIVERSIFIED, INC.	3 (8) Mailing Address				
	XON AVENUE. SUITE 2 DA FL 33950	1625 W. MARION AVE PUNTA GORDA FL 339				
				DO NOT WRITI 3. Date Incorporated or Qualified	E IN THIS SPACE	
				11/05/1979		
, Principal F]	Place of Business	2a. Mailing Address		4. FEI Number 59-1962766		oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & Sta		27 City & State		6. Election Campaign Financing	Fee R	equired May Be
ļ		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	 This corporation owes or has pa Personal Property Tax due June 		tangible
	25 9. Name and Address of Curren	29 nt Registered Agent	30	10, Name and Address of New Re		
	Oore, James E., III		81 Name			
	25 W. MARION AVENUE, SUITE (NTA GORDA FL 33950	2	82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
FU	NTA GUNDA EL 33950		83			
			84 City		85 Zip	Code
						0000
1. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-named co	poration submits this statement for the	FLII	
	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	92 and 607.1508, Florida Sta of Florida, Such change wa ations of, Section 607.0505,	tutes, the above-named co s authorized by the corpora Florida Statutes.	poration submits this statement for the j alion's board of directors. I hereby acce	FLII	
IGNATURE	Signature, typed or printed name of registered aga	ant and title of applicable (N	OTE: Registered Agent signature req	uired when reinstating)	FL purpose of changing i pt the appointment as DATE	ts registered
IGNATURE 2.		ant and title of applicable (N			FL purpose of changing i pt the appointment as DATE	ts registered registered
GNATURE LE	Signature: typod or printed name of registered age OFFICERS ANI D RIZZON, JEAN-CLAUDE	ent and title if applicable (N D DIRECTORS	OTE: Rogistered Agent signature req 13.	uired when reinstating)	PL purpose of changing i pt the appointment as DATE CERS AND DIRECTOR	Is registered registered
IGNATURE 2. ILE ME REET ADDRESS	Signature typed or printed name of registered age OFFICERS ANI D RIZZON, JEAN-CLAUDE RTE DE BRIEY, 57-A60 CHA	Ink and take 4 applicable (N D DIRECTORS	OTE: Rogistored Apent signature req 13. 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS	uired when reinstating)	PL purpose of changing i pt the appointment as DATE CERS AND DIRECTOR	ts registered registered
GNATURE 2. LE ME REET ADDRESS IY-ST-ZIP	Signature: typod or printed name of registered age OFFICERS ANI D RIZZON, JEAN-CLAUDE	Ink and take 4 applicable (N D DIRECTORS	OTE: Registered Agent signature req 13. 1 1 TITLE 12 NAME	uired when reinstating)	PL purpose of changing i pt the appointment as DATE CERS AND DIRECTOR	Is registered registered RS IN 12
GNATURE LE ME REET ADDRESS Y-ST-ZIP LE	Signature typed or printed name of registered age OFFICERS ANI RIZZON, JEAN-CLAUDE RTE DE BRIEY, 57-A60 CHA ST GERMAIN, FRANCE 000000 P RIZZON, CLAUDE	Init and tale if applicable (N D DIRECTORS	OTE: Rogistered Agent signature req 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP	uired when reinstating)	PL purpose of changing i purpose of changing i provide appointment as DATE CERS AND DIRECTOF Change	Is registered registered RS IN 12
GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	Signature typed or primed name of registered age OFFICERS AIN RIZZON, JEAN-CLAUDE RTE DE BRIEY, 57-A60 CHA ST GERMAIN, FRANCE 00000 P RIZZON, CLAUDE RTE DE BRIEY, 57-A60 CHA	In and rate 4 appricable (N	OTE: Rogistoriad Agent signature reg 13. 11 TILE 12 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	PL purpose of changing i purpose of changing i provide appointment as DATE CERS AND DIRECTOF Change	Is registered registered RS IN 12
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1. Pursuant office or agent. 1 a siGNATURE 2. TILE AME TREET ADDRESS TY-SI-ZIP TLE AME TREET ADDRESS TY-SI-ZIP TLE AME TREET ADDRESS TY-SI-ZIP TLE AME TREET ADDRESS TY-SI-ZIP TLE AME TREET ADDRESS TY-SI-ZIP	Signature typod or printed name of registered age OFFICERS ANI D RIZZON, JEAN-CLAUDE RTE DE BRIEY, 57-A60 CHA ST GERMAIN, FRANCE 00000 P RIZZON, CLAUDE RTE DE BRIEY, 57-A60 CHA ST GERMAIN, FRANCE 00000 ST RIZZON, JEAN-CLAUDE RTE DE BRIEY, 57-A60 ST GERMAIN, FRANCE 00000 RTE RIZZON, CLAUDE D DE BRIEY, 57-A60 CHAT ST GERMAIN, FRANCE 00000 VP MOORE, JAMES E III 1625 W. MARION AVE., #2	In and title 4 applicable (N	OTE: Rogistered Agent algoriture req 13. 13.1111LE 12.NAME 13.STREET ADORESS 14.CTY-ST-2IP 2.11TTLE 2.2.NAME 2.3.STREET ADDRESS 2.4.CTY-ST-2IP 3.11TTLE 3.2.NAME 3.3.STREET ADDRESS 3.4.CTY-ST-2IP 4.11TTLE 4.2.NAME 4.3.STREET ADDRESS 4.4.CTY-ST-2IP 5.11TTLE 5.2.NAME 5.3.STREET ADDRESS 5.4.CTY-ST-2IP 6.11TTLE	uired when reinstating)		ts registered