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95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **677115** **(8)**

1. Corporation Name
DIVERSIFIED MANAGEMENT INVESTMENTS, INC.

Principal Place of Business
1460 SW 20TH ST
PO BOX 39
BOCA RATON FL 33429 - 7039

Mailing Address
1460 SW 20TH ST
PO BOX 39
BOCA RATON FL 33429 - 7039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1980
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2052826 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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 unemployment tax under Chapter 443 of Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SCHOENFELDT, JEFFREY S
1460 S.W. 20TH ST. PO BOX 39
BOCA RATON FL 33429-7039

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 607.0502 and 607.1008, 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 of Registered Agent) (Registered Agent's Name Printed or Typed) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHOENFELDT, JEFFREY S
STREET ADDRESS	1460 SW 20TH ST
CITY, ST, ZIP	BOCA RATON, FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. 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)(k), 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 empowered 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 is added in addition to any officers with an address.

SIGNATURE: Jeffrey S. Schoenfeldt — Jeffrey S. Schoenfeldt 4/21/95
SIGNATURE AND/OR PRINTED NAME OF OFFICER OR DIRECTOR — Date
PRESIDENT — Daytime Phone Number 407-368-9665

0202474 CP