

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **826806** (2)
1. Corporation Name
DIAZIT COMPANY, INC.



Principal Place of Business: **ROUTE 1, YOUNGVILLE NORTH CAROLINA 27596**
Mailing Address: **P. O. BOX 276, YOUNGVILLE NORTH CAROLINA 27596 US**

2. Principal Place of Business: **U. S. Highway 1 North, Youngville, NC 27596 US**
2a. Mailing Address: **P. O. BOX 276, YOUNGVILLE NORTH CAROLINA 27596 US**

3. Date Incorporated or Qualified: **09/24/1971**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **22-1751193**
5. Certificate of Status Derived: **\$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 intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **BARSALONA, BRUCE P., 6001 N. FEDERAL HIGHWAY, BOCA RATON FL**

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

11. Pursuant to the provisions of Sections 607.05(1) and 607.1508, Florida Statutes, I, the above named corporation submit this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	NAME: NEEB, PHOEBE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2871 N OCEAN BLVD	CITY-STATE-ZIP: BOCA RATON, FL 0	2. NAME:	
TITLE: V	NAME: BARSALONA, BRUCE P	3. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 730 NE 2ND ST	CITY-STATE-ZIP: BOCA RATON, FL 0	4. TITLE:	
TITLE: V	NAME: STEVEN, S THOMAS B	5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8028 HAWKSHEAD DR.	CITY-STATE-ZIP: WAKE FOREST NC	6. STREET ADDRESS:	
TITLE: PD	NAME: NEEB, ROBERT W	7. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8120 DIAZIT DRIVE	CITY-STATE-ZIP: WAKE FOREST, NC 0	8. TITLE:	
TITLE: D	NAME: RABINOWITZ, MORTON S	9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1040 ORCHARD ST	CITY-STATE-ZIP: N BRUNSWICK, NJ 0	10. STREET ADDRESS:	
TITLE:	NAME:	11. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	12. TITLE:	
CITY-STATE-ZIP:	STREET ADDRESS:	13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	14. STREET ADDRESS:	
STREET ADDRESS:	NAME:	15. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	16. TITLE:	
TITLE:	NAME:	17. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	STREET ADDRESS:	19. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	20. TITLE:	
STREET ADDRESS:	NAME:	21. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	22. STREET ADDRESS:	
TITLE:	NAME:	23. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	STREET ADDRESS:	25. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	26. STREET ADDRESS:	
STREET ADDRESS:	NAME:	27. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	28. TITLE:	
TITLE:	NAME:	29. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	30. STREET ADDRESS:	
CITY-STATE-ZIP:	STREET ADDRESS:	31. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	32. TITLE:	
STREET ADDRESS:	NAME:	33. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	34. STREET ADDRESS:	
TITLE:	NAME:	35. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	36. TITLE:	
CITY-STATE-ZIP:	STREET ADDRESS:	37. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	38. STREET ADDRESS:	
STREET ADDRESS:	NAME:	39. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	40. TITLE:	
TITLE:	NAME:	41. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	42. STREET ADDRESS:	
CITY-STATE-ZIP:	STREET ADDRESS:	43. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	44. TITLE:	
STREET ADDRESS:	NAME:	45. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE:	NAME:	47. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	STREET ADDRESS:	49. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	50. STREET ADDRESS:	
STREET ADDRESS:	NAME:	51. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	52. TITLE:	
TITLE:	NAME:	53. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	STREET ADDRESS:	55. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS:	NAME:	57. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE:	NAME:	59. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	STREET ADDRESS:	61. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	62. STREET ADDRESS:	
STREET ADDRESS:	NAME:	63. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	64. TITLE:	
TITLE:	NAME:	65. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	66. STREET ADDRESS:	
CITY-STATE-ZIP:	STREET ADDRESS:	67. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	68. TITLE:	
STREET ADDRESS:	NAME:	69. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	70. STREET ADDRESS:	
TITLE:	NAME:	71. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	72. TITLE:	
CITY-STATE-ZIP:	STREET ADDRESS:	73. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	74. STREET ADDRESS:	
STREET ADDRESS:	NAME:	75. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	STREET ADDRESS:	76. TITLE:	
TITLE:	NAME:	77. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	STREET ADDRESS:	79. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	80. TITLE:	

14. I do hereby certify that the information supplied with the foregoing is true, correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information published or filed is a copy of or supplemental document received 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 on an attachment with an address.

SIGNATURE: *Robert W. Neeb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert W. Neeb

1-16-96 919-556-5188

CR2E034 (12/95)