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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 826806 (2)

1. Corporation Name
DIAZIT COMPANY, INC.



Principal Place of Business: **ROUTE 1 US HWY 1 N YOUNGVILLE NC 27596 US**

Mailing Address: **P. O. BOX 276 YOUNGVILLE NORTH CAROLINA 27596-0276 US**

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: **09/24/1971**

3a. Date of Last Report: **04/02/1996**

4. FEI Number: **22-1751193**

5. Certificate of Status Desired: \$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

b. Name and Address of Current Registered Agent

**BARSALONA, BRUCE P.
 6001 N. FEDERAL HIGHWAY
 BOCA RATON FL**

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 Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	NEEB, PHOEBE	
STREET ADDRESS	2871 N OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARSALONA, BRUCE P	
STREET ADDRESS	730 NE 2ND ST	
CITY-ST-ZIP	BOCA RATON, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVEN,S THOMAS B	
STREET ADDRESS	8028 HAWKSHEAD DR.	
CITY-ST-ZIP	WAKEFOREST NC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEEB, ROBERT W	
STREET ADDRESS	8120 DIAZIT DRIVE	
CITY-ST-ZIP	WAKE FOREST, NC 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RABINOWITZ, MORTON S	
STREET ADDRESS	1040 ORCHARD ST	
CITY-ST-ZIP	N BRUNSWICK, NJ 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Robert W. Neeb* (ROBERT W. NEEB) 1/6/97 919-536-5188

CR2E034 (9/96)