

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/24/1971	
4. FEI Number 22-1751193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. 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 _____ (Signature, typed or printed name of registered agent and fee applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEB, PHOEBE	1.2 NAME
STREET ADDRESS	2871 N OCEAN BLVD	1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL 0	1.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSALONA, BRUCE P	2.2 NAME
STREET ADDRESS	730 NE 2ND ST	2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL 0	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN, S THOMAS B	3.2 NAME
STREET ADDRESS	8028 HAWKSHEAD DR.	3.3 STREET ADDRESS
CITY-ST-ZIP	WAKEFOREST NC	3.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEB, ROBERT W	4.2 NAME
STREET ADDRESS	8120 DIAZIT DRIVE	4.3 STREET ADDRESS
CITY-ST-ZIP	WAKE FOREST, NC 0	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOWITZ, MORTON S	5.2 NAME
STREET ADDRESS	1040 ORCHARD ST	5.3 STREET ADDRESS
CITY-ST-ZIP	N BRUNSWICK, NJ 0	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)