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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 826806

1. Corporation Name DIAZIT COMPANY, INC.

Principal Place of Business ROUTE 1 US HWY 1 N YOUNGSVILLE NC 27596 US

Mailing Address P. O. BOX 276 YOUNGSVILLE NORTH CAROLINA 27596 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1971

4. FEI Number 22-1751193 Applied For Not Applicable

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 owes the current year Intangible Personal Property Tax. [X] Yes [] No

2. Principal Place of Business 21 P. O. Box 276

2a. Mailing Address 26

Suite, Apt. #, etc. 22 941 U.S. 1 Highway

Suite, Apt. #, etc. 27

City & State 23

City & State 28

Zip Country 24 25

Zip Country 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include: STD NEEB, PHOEBE; V BARSALONA, BRUCE P; V STEVEN, S THOMAS B; PD NEEB, ROBERT W; D RABINOWITZ, MORTON S.

Table with 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 1/5/98 919-536-5188 Date Daytime Phone #

CR2E034 (1/1/98)