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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852290

Country

9. Name and Address of Current Registered Agent

(6)

DIENER & SONS INC.

DIENER, HELEN L. 1035 NE 12TH AVENUE

HOMESTEAD, FL

HOMESTEAD FL 33030

Zip

24

	Diameter & College House				
	Principal Place of Business	Mailing Address		01911 8/911 61811 8/845 81911 BIBIT 1981	
	228 N MAIN MONTICELLO IN 47980-2131	228 N MAIN MONTICELLO IN 47880-2131			
			3. Date incorporated or Qualified 03/22/1982	3a. Date of Last Report 05/01/1996	
	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo	
	21	26	35-1408111	Not Applic	
1	Sulte, Apt. #, etc.	Suile, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State	City & State	6. Election Campaign Financing	\$5.00 May Be	

FILED May 02 1997 8:00am Secretary of State

 Date incorporated or Qualified 03/22/1982 	d 3a. Date of Last Report 05/01/1996		
4. FEI Number		Applied For	
35-1408111		Not Applicab	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for Florida Statutes	intangib] Yes	le tax under s. 199.032,	
10. Name and Address of New Re	gistere	d Agent	

Street Address (P.O. Box Number is Not Acceptable)

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

Country

81 Name

62

83

City

30

SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NO1	F. Rouistered Agent signature regul	red when reinstating) DATE	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	11 TILLE	☐ Change	Addition
NAME	DIENER, DAVID A.		1.2 NAME		
STREET ADDRESS	228 N. MAIN		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO IN		1.4 CITY-ST-ZIP		
TITLE	VO.	DELETE	2.1 TALE	Change	Addition
NAME	Diener, Helen L.	•	2.2 NAME		
STREET ADDRESS	228 N. MAIN		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO IN		2. 4 CITY-ST-ZIP		
TITLE	SD	₽ O LLETE	3.1 TITLE	Change	Addition
NAME	DIENER, PAUL		3.2 NAME		
STREET ADDRESS	228 N. MAIN		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO IN		34, DITY-ST-ZIP		
TITLE	TO	U ELETE	41 TITLE	☐ Change	Addition
NAME	Diener, Paul A.		4. 2 NAME		
STREET ADDRESS	228 N. MAIN		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO IN		4.4_C(TY+S1+Z(P		_
TITLE		☐ DELE16	5.1 1111.E	Change	Addition
NAME			5.2-NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS	\$100		63'STREET ADDRESS		
CITY_CT_7ID			CAICITY OF 71D		

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 if changed, or on an attachment with an address.