

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F26388 (1)

1. Corporation Name
DIEHL, INC.



Principal Place of Business

18 MARCO LAKE DR
PO BOX 222
MARCO ISLAND FL 33909

Mailing Address

18 MARCO LAKE DR
PO BOX 222
MARCO ISLAND FL 33909

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/01/1981		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2067519		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
34145				34146			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

KOWEL, ALEX
18 MARCO LAKE DR
MARCO ISLAND FL 33937

81 Name Klug, Claudia
82 Street Address (P.O. Box Number is Not Acceptable)
18 Marco Lake Drive
83
84 City Marco Island FL 85 Zip Code 34145

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 Claudia Klug, Pres 4/28/96
Signature, typed or printed name of registered agent, and the date of signature (NOTE: Registered Agent Signature required when filing online)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	KOWEL, ALEX	1.2 NAME	KLUG, CLAUDIA
STREET ADDRESS	18 MARCO LAKE DR	1.3 STREET ADDRESS	18 MARCO LAKE DRIVE
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	V	2.1 TITLE	
NAME	PENCE, DAVID N	2.2 NAME	
STREET ADDRESS	18 MARCO LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	34145
TITLE	S	3.1 TITLE	S
NAME	KLUG, CLAUDIA	3.2 NAME	BOGART, ROBERT R.
STREET ADDRESS	18 MARCO LAKE DR.	3.3 STREET ADDRESS	18 MARCO LAKE DRIVE
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	MARCO ISLAND, FL 33145
TITLE		4.1 TITLE	V
NAME		4.2 NAME	KNIGHT, RONALD
STREET ADDRESS		4.3 STREET ADDRESS	18 MARCO LAKE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MARCO ISLAND, FL 33145
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Claudia Klug Claudia Klug, Pres. 4/28/96 (941) 394-0015
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date/Time Filed

CR2E034 (12/95)