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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F95000005377 (5)

## **DELAWARE DIVERSIFIED CAPITAL CORPORATION**

## **FILED** May 12 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			i iddired tred stret blies abut adeit) ditti batit goldt ditta inte illigi idti idt.			
7951 WREN AVE #A GILROY CA 95020		7951 WREN AVE #A GILROY CA 95020-4903						
					3. Date incorporated or Qualified 11/02/1995	3a. Date of 04/26/1		eport
·	lace of Business	2a. Mailing Address			4. FEI Number	1 11 11 11	Ap	plied For
<u> </u>	h	26			77-0229796	, ,		t Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	dditional quired
City & State	0	City & State			6. Election Campaign Financing	5	5.00	May Be
		28	<b>.</b>		Trust Fund Contribution		Added to	
<b>Ζ</b> φ	Country 25	Zip 29	Country 30	,	8. This corporation has liability for in Florida Statutes	ntangible tax t Yes 🔲 No		199.032
I	9. Name and Address of Cu		1001		10. Name and Address of New Reg			
CI	CORPORATION SYSTEM		81	Name		·		<u> </u>
	SOUTH PINE ISLAND ROA	D	82	Street Add	dress (P.O. Box Number is Not Acceptable	le)		
	NTATION FL 33324	-		Direct Act	oroda (* .o. box ridinosi is ridi ridopias			
			63					
			84	City		65	Zip (	ode
					rporation submits this statement for the pi ation's board of directors. I hereby accep	- FL		
CI WY CO THE	Signature, typed or printed name of registers	ed agent and title if applicable (NOT	E: Registered Age	ent signature requ	uired when reinslating)	DATE		
	Signature typed or printed name of registeri		E: Registered Agr	ent signature requ				
	OFFICERS	S AND DIRECTORS	13.	ent signature requ	ulted when reinstating)  ADDITIONS/CHANGES TO OFFIC	ERS AND DIF		
IF	OFFICERS DCPS		13. 1.1 TITLE	ent signature racu		ERS AND DIF	RECTOR: Change	
E AE	OFFICERS DCPS CUNNINGHAM, BRIAN D	S AND DIRECTORS	13.			ERS AND DIF		
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or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or ration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name sed, or on an attachment with an address. information indicated or Lam an officer or direct

**SIGNATURE:**