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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or B

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004142 (3)

DIVERSIFIED GLOBAL CONCEPTS FOUNDATION INC.

Principal Place of Business Mailing Address 138 VALLEY CIR **138 VALLEY CIR** BRANDON FL 33510-2544 BRANDON FL 33510 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Zip Country This corporation has liability for intangible tax under s. 199.032, ZYes 🔲 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WHITE, RICHARD L JR 138 VALLEY CIR Street Address (P.O. Box Number is Not Acceptable) 82 BRANDON FL 33510 83 City Zip Code 85 11. Pursuant to the provisions of Sections 697.0502 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 tamiliar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) (96/6) 12 DELETE Change 1011 f 1 TITLE WHITE, RICHARD L JR 1.2 NAME 138 VALLEY CIR 1.3 STREET ADDRESS STREET ADDRESS Brandon FL 33510 1.4 CITY-ST-ZIP Crity - ST - ZiF Addition Change HILE DELETE 2 1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS SSPEWA CITY - ST - ZIP 2.4 CITY - ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP DITY-ST-ZIP DELETE Addition Change 4.1 TITLE THLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHTY-S1-ZIP 64 CITY-ST-ZIP

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

Day#ime Phone # 0345071

FILED

Apr 15 1997 8:00am

Secretary of State