SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005492 (0)

DIVERSIFIED INVESTMENTS - TBC, INC.

## FILED Aug 12 1998 8:00am Secretary of State

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4041 MONTGOMERY AVE., STE. 350 BETHESDA MD 20014		4041 MONTGOMERY AVE., STE. 350 BETHESDA MD 20814				
DETTIESON WID	20014	DETITION MD 20014			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 10/20/1997	
2. Principal Place of Business 2a. Malling Address					4. FEI Number Applied F	or
21 4340 East West Highway 26 4340 Ea			West Hickory		52-2057865 Not Applic	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		SR 75 Addition	nal
22 # 2 City & Stat		27] # 206 City & State			5. Certificate of Status Desired Fee Required	
23 Bethe	sola, mo	28 Bethescla,			6. Election Campaign Financing S5.00 May Bound Trust Fund Contribution Added to Fees	
Zip 24] 2の色/	4 25 USA	Zip 29 20814	Country 30 US	_	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY				Name	i,	
1201 HAYS STREET				Street	Address (P.O. Box Number is Not Acceptable)	
TALLAHA <b>\$\$</b> EE FL 32301-2525						
			84	City	85 Zip Code	
44				l	FL   <sup>60</sup>   <sup>20</sup>   <sup>20</sup>	
office or agent. I a	t to th <b>e p</b> rovisions of sections 607,0502 a regist <b>e</b> red agent, or both, in the State of am <b>fami</b> liar with, and accept the obligati	and 607.1508, Florida Statutes Florida. Such change was au ons of, section 607.0505, Flor	s, the above uthorized by rida Statute	-named o / the corp s.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	Ė
SIGNATURE	Signature, typed or printed name of registered agent a				ore required when reinstating) DATE	-
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	C _	DELETE	1.1 TITLE		<b>59</b>	dition
NAME	HAASE, BARRY	Clother	1.2 NAME		Car Villings C., No	
STREET ADDRESS	4041 MONTGOMERY AVE., STE.	350		ADDRESS	4340 Fact West History Step 200	
CITY-ST-ZIP	BETHESDA MD 20814	•••	1.4 CITY-S	סול.ז	4340 East West Highway, Ste. 206 Betheoda, MD 20814	
TITLE	DP	DELETE	2.1 TITLE	1.20		dition
NAME	MOREAU, PHILIP	[] DECE IC	2.2 NAME		Za change - Ad	Mission
STREET ADDRESS 4041 MONTGOMERY AVE., STE. 350					4340 East West Hickory Ste 206	
CITY-ST-ZIP BETHESDA MD 20814			2.4 CITY-ST-ZIP		4340 East West Highway, Ste. 206 Bethesda, MD 2084	
TITLE		DELETE	3.1 TITLE	1-211		dition
NAME			3.2 NAME		Can Onlinge L. 740	ionion
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4 CITY-S			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Ad	dition
NAME			4.2 NAME		· Situage Li Au	2,001
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	r-zip		
TITLE		DELETE	5.1 TITLE		Change Ad	dition
NAME			5.2 NAME		· ·	
STREET ADDRESS			5.9 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	r-ZIP		
TITLE		DELETE	6.1 TITLE		Change Ad	dition
NAME			6.2 NAME		·	-
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
an oniçer c	ertify that the information supplied with mental that the information this annual report or supplemental appropriation or thereoe or Block 13 if changed, or on an alfact	ivur or trustee empowered to i	e exemption te and that execute thi	stated in my signa s report a	n section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name appears	