FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

RECEIVED
AND
FILED
95 MAY -1
SECRETARY OF
TALLAHASSEE,

DOCUMENT # **G74133** **(1)**

1. Corporation Name
DIVERSIFIED MARKETING CONCEPTS, INC.

Principal Place of Business
P.O. BOX 1882
SEBRING FL 33871-1882
US

Mailing Address
P.O. BOX 1882
SEBRING FL 33871-1882
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-2502130**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
RIDER, MICHAEL A.
13 N OAK STREET
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section [illegible] and [illegible] 1996 Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of my position as registered agent, Florida Statutes.

SIGNATURE: [illegible] Registered Agent [illegible] Date

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DE LANEY, DELTON E
STREET ADDRESS	1723 N.E. LAKEVIEW DRIVE
CITY, ST, ZIP	SEBRING FL
TITLE	VSD
NAME	DE LANEY, DELTON E.
STREET ADDRESS	1723 NE LAKEVIEW DR
CITY, ST, ZIP	SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is true, complete and accurate, to the best of my knowledge, and that I am an officer or director of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above or on an attached sheet with an address.

SIGNATURE: [signature] DELTON E. DELANEY 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0449006 FP