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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G77791** (3)

1. Corporation Name

**DIAPLAN DESIGNS, INC.**



Principal Place of Business

Mailing Address

~~20 N ORANGE AVE. STE 1400~~  
~~ORLANDO FL 32801~~  
~~US~~

~~20 N ORANGE AVE. STE 1400~~  
~~ORLANDO FL 32801~~  
~~US~~

SEE CHANGES BELOW

2. Principal Place of Business

2a. Mailing Address

21 **4702 FOXSHIRE CR.** 26 **4702 FOXSHIRE CR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **TAMPA, FL** 28 **TAMPA, FL**

Zip

Country

Zip

Country

24 **33624** 25 **USA** 29 **33624** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, JOSEPH D**  
**2798 WINDSOR HEIGHTS DR.**  
**DELTONA FL 32738**

81 Name **JOSEPH D. COX**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4702 FOXSHIRE CR.**

83

84 City **TAMPA** **FL** 85 Zip Code **33624**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **COX, J.D.**  
CITY-ST-ZIP **2798 WINDSOR HEIGHTS**  
**DELTONA FL**

1.1 TITLE **DIRECTOR/PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **COX, JD**  
1.3 STREET ADDRESS **4702 FOXSHIRE CIRCE**  
1.4 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ZONNEVELD, C.**  
CITY-ST-ZIP **514 TROTWOOD RIDGE RD**  
**PITTSBURG PA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **HALL, S. G**  
CITY-ST-ZIP **4 COAT BRIDGE LN.**  
**LEXINGTON SC**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **Secretary and Treasurer**  
STREET ADDRESS **COX, JUNE S.**  
CITY-ST-ZIP **4702 Foxshire Circle**  
**Tampa, FL 33624**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS **500001804175**  
4.4 CITY-ST-ZIP **-05/02/96--01002--046**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**Joseph D. Cox** **Joseph D. Cox - President** **04-25-96** **(813)962-2889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)