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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H23984 (8)

1. Corporation Name
**DIVERSIFIED BUSINESS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3320-D SIMMS STREET<br>HOLLYWOOD FL 33021 | 3320-D SIMMS STREET<br>HOLLYWOOD FL 33021 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1984
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 1826 McKinley ST
22 Suite, Apt. #, etc.
23 City & State: Hollywood Fl
24 Zip: 33020 25 Country: USA

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2489054 ☐ 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

GORDON, EVELYN
3320 D SIMMS ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1826 McKinley St
83 Hollywood
84 City: Hollywood FL 85 Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | GORDON, EVELYN | 1.2 NAME | GORDON, EVELYN |
| STREET ADDRESS | 3320 D SIMMS ST. | 1.3 STREET ADDRESS | 1826 McKinley St |
| CITY-ST-ZIP | HOLLYWOOD FL | 1.4 CITY-ST-ZIP | Hollywood Fl. 33020 |
| TITLE | VPD | 2.1 TITLE | VPD ☒ Change ☐ Addition |
| NAME | LANDER, DAVID | 2.2 NAME | LANDER, DAVID |
| STREET ADDRESS | 3320 - D SIMMS ST. | 2.3 STREET ADDRESS | 1826 McKinley ST |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY-ST-ZIP | Hollywood Fl. 33020 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Evelyn Gordon Evelyn Gordon 1/16/95 (305)966-5230
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003632 CP