


FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 168600

1. Corporation Name  
SERVICES DIVERSIFIED INC.

Principal Place of Business  
5727 NW 17 Avenue  
MIAMI FL 33142

Mailing Address  
5727 NW 17 Avenue  
MIAMI FL 33142

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

3. Date Incorporated or Qualified  
7/24/1985

4. FEI Number  
59-2636832

5. Certificate of Status Desired  
8. Election Campaign Financing  
Trust Fund Contribution  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Applied For  
Not Applicable  
\$8.75 Additional Fee Required  
\$5.00 May Be Added to Fees  
Yes No

9. Name and Address of Current Registered Agent  
Range, ATHALIA M.  
5727 NW 17 Avenue  
MIAMI FL 33142

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
1.5 CITY - ST - ZIP  
1.6 CITY - ST - ZIP  
1.7 CITY - ST - ZIP  
1.8 CITY - ST - ZIP  
1.9 CITY - ST - ZIP  
1.10 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
1.5 CITY - ST - ZIP  
1.6 CITY - ST - ZIP  
1.7 CITY - ST - ZIP  
1.8 CITY - ST - ZIP  
1.9 CITY - ST - ZIP  
1.10 CITY - ST - ZIP

14. I 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 appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: [Signature]  
4/23/98 (305) 6914243

CB2E034 (10/97)