

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H99675 (1)

1. Corporation Name  
G. F. DIVERSIFIED, INC.



Principal Place of Business

2900 E 7TH AVE  
OFFICE #17  
TAMPA FL 33605  
US

Mailing Address

PO BOX 2481  
PO BOX 2481  
TAMPA FL 33601  
US

3. Date Incorporated or Qualified 02/13/1986  
3a. Date of Last Report 04/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9745 45th St No	26	59-2731473	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PINELLAS PARK FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34666	29 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ZAGARIA, JAMES F JR  
2900 E 7TH AVE  
OFFICE 17  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
PINELLAS PARK	34666

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 *James F Zagaria Jr* James F Zagaria Jr 17AP96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	ZAGARIA, JAMES F. JR		
9745-45TH STREET NORTH		13 STREET ADDRESS	
PINELLAS PARK FL		14 CITY - ST - ZIP	
TS	ZAGARIA, BARBARA A	2.1 TITLE	2.2 NAME
9745 45TH STREET N		2.3 STREET ADDRESS	
PINELLAS PARK FL		2.4 CITY - ST - ZIP	
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	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: *Barbara A Zagaria* BARBARA A ZAGARIA 17AP96 813.579.0702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TELEPHONE #

CR2E034 (12/95)