## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H99675

(1)

G. F. DIVERSIFIED, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  Suite, Apt. #, etc.  6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  Zip Country  Country  Country  Country  Country  Suite, Apt. #, etc.  Suite, Apt.							
PINELIAS PARK FL 44666 US  TAMPA FL 33001 US  TAMPA	Principal Place of Business Mailing Address				1 (0.01)   10.01)   10.01)   10.01)   10.01)		
2. Meliniphor Applicable Collection   2. Meliniphor Applicable Collection   2. Meliniphor Applicable Collection   2. Meliniphor	PINELLAS PARK FL 34606- US PARK FL 34606- US TAMPA FL 33601				3. Date Incorporated or Qualified		
Survey   S	2. Principal F	Place of Business	2a Mailing Address			Applied For	
Suite App #, etc. 27	21		h			<del></del>	
City & State   State   City & State   State   City & State			·			AA 55	
22   20   20   20   20   20   20   20	22		• • • • • • • • • • • • • • • • • • • •		5. Certificate of Status Desired	Fee Required	
Zip   Sa   2 s   8    30	<b>├</b> ──¬		իŋ ´				
22 3 3 7 8 2 25   29   30   Personal Property Tax dise June 30   29 nos   No.   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    2AGARIA, JAMES F. JR 9745 45TH ST. NO.   PINELLAS FL 646000    11. Pursuant to the provisions of Societies 607 £5602 and 607 1508. Floridas Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered office or registered agent, or health, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or health, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, are health, in the State of Florida, Such change was authorized by the corporation society of directors. Thereby a scept this appointment as registered agent I am familiar with, and accept the calegorates agent agen		Country		Country	· · · · · · · · · · · · · · · · · ·		
ZAGARIA, JAMES F JR 9745 45TH ST. NO. PINELLAS FL 94696  11. Pursuant to the provisions of Sections 607 6160 and 607 1508, Florida Statutes, the not-enamed corporation submits this statement to the purpose of changing its registered agent, or both, in the State of Florida, Sach change was submit or board of directors. Thereby accept fine appointment as registered agent and familiar with, and accept the collegators of Section 607 6505, Florida Statutes.  SIGNATURE    Signature, typed or pretent areas of registered agent and familiar with, and accept the collegators of Section 607 6505, Florida Statutes.  SIGNATURE    Signature, typed or pretent areas of registered agent and familiar with, and accept the collegators of Section 607 6505, Florida Statutes.  SIGNATURE    Signature, typed or pretent areas of registered agent and familiar with, and accept the appointment as registered agent agent areas registered agent agent areas registered agent		8 2 25	ł				
STREET ADDRESS OFFI-SET NORTH  INTE  TILE  TS  AGAGRIA, JAMES F, JR  TILE  TS  AGAGRIA, JAMES F, JR  TILE  TS  TAGARRA A  TSTREET NORTH  TSTREET NORTH  TS  TS  TS  TS  TS  TS  TS  TS  TS		9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Regis		
PINELLAS FL 64666	ZA	GARIA, JAMES F JR		9			
11. Pursuant to the provisions of Sociarins GO7 GLO2 and GO7 ISOB, Florids Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or holl, in this State of Florids, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section GO7 GO0, Florids Statutos.  SIGNATURE    Signature, types or previous of sociaries of vigoserory agent am teel neglectable.   RNOTE Repetited Agent alignature inquired when remarking.   DATE				<b>82</b> St	t Address (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
11. Pursuant to the provisions of Soctions 607 (500) and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Korda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the objections of Soction 607 (500, Florida Statutes).  SIGNATURE    Part   Part	PiN	iellas fl <del>04000</del>		R3			
Pursuant to the provisions of Sections 607 05:02 and 607 15:08. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and mainter with, and accept the obligations of, Section 607 05:05, Florids Statutes.    SIGNATURE   Part   Provided previous previous previous provided in and of registered agent are mainter with, and accept the obligations of, Section 607 05:05, Florids Statutes.   SIGNATURE   Part   Provided previous							
11. Pursuant to the provisions of Sections 607 (507 (507 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent I am familiar with, and accept the obligations of, Section 607 (505, Florida Statutes).  SIGNATURE    Signature, typed or prained familiar of registered agent area to efficiency of the purpose of changing its registered agent area familiar with, and accept the obligations of, Section 607, 605, Florida Statutes.    Signature, typed or prained familiar of registered agent area to efficiency of the purpose of changing its registered agent area familiar of registered agent area to efficiency of the purpose of changing its registered agent area familiar of registered agent area to efficiency of the purpose of changing its registered agent area familiar of registered agent area to efficiency of the purpose of changing its registered agent agent area familiar of registered agent algorithms remeating)    DELETE				84 Ci		FI 85 Zip Code	
SIGNATURE Signature virtue and recept the congresses agent and less discontinuer virtue and recept the congresses agent and less discontinuer virtue and recept the congresses agent and less discontinuer virtue and recept the congress agent and less discontinuer virtue and recept the congress agent and less discontinuer virtue and recept the congress agent and less discontinuer virtue.  12. OTT ICE RIS AND DIFIE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  2AGARIA, JAMES F. JR  9745-45TH STREET NORTH  13. SIRECT ADDRESS  9745-45TH STREET NORTH  14. CITY-SI-ZIP  PINELLAS PARK FL  22. NAME  23. SIRECT ADDRESS  9745-45TH STREET N  24. CITY-SI-ZIP  1011.  1011.  1011.  1012.  1013.  1014.  1015.  1015.  1015.  1016.  1	11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florida S	latules, the above-na	d corporation submits this statement for the purp	pose of changing its registered	
Signature, specific or printed have of registeric algorith and for control dates of registeric algorithms registered Approximation registering.   DATE	office or r agent La	registered agent, or both, in the S am familiar with, and accept the ol	itate of Florida. Such change v bligations of, Section 607.050	vas authorized by the 5, Florida Statutes.	rporation's board of directors. I hereby accept the	ne appointment as registered	
12.	SIGNATURE	<del></del>					
TITLE	12	<del></del>					
NAME   STREET ADDRESS   3745-45TH STREET NORTH   13 STREET ADDRESS   14 CITY-ST-ZIP   PINCELLAS PARK FL   1.4 CITY-ST-ZIP   1.5 CITY-ST-		P	The same of the sa		ADDITIONS/CHANGES TO OFFICER		
STREET ADDRESS   9745-45TH STREET NORTH	NAME	ZAGARIA, JAMES F. JR			÷		
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NAME   STREET ADDRESS							
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CITY-ST-ZIP   PINELLAS PARK FL	' '						
TITLE         DELETE         3.1 TITLE	!						
NAME   32 NAME   33 STREET ADDRESS   33 STREET ADDRESS   CITY-ST-ZIP   34 CITY-ST-ZIP   Change   Addition		LINETERS LVIII LC	DELETE			Change Addition	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP						S.A. NO	
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NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6 1 TITLE         Change         Addition           NAME         62 NAME			DELETE			Channe Addition	
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TITLE         DELETE         6 1 TITLE         Change         Addition           NAME         62 NAME							
			DELETE			Change Addition	
STREET ADDRESS 63 STREET ADDRESS	NAME	:		6.2 NAME			
	STREET ADDRESS			63 STREET ADDR			
City-St-ZIP  64 City-St-ZiP  14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3V)). Florida Statutes 1 further certify that the information	CITY-ST-ZIP		- C On - G. 1 Cop				

Indicated on this amual report or supplied with his hintig does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, 1 further certify that the informatio indicated on this amual report or supplemental amual 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 changing, or on an attachment with an address.