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**PROFIT CORPORATION** ANNUAL REPORT

1998

DOCUMENT #



J40686

J. M. DIVERSIFIED INVESTMENTS, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

## **FILED** Mar 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address |   |                                      |                     |   |             |  | r andresa Gres dans in name metal antin n  | IET VIDEL BLULL           | HANA MININ MA             | F)  01011   011                |
|---|---|--------------------------------------|---------------------|---|-------------|--|--|---------------------------|---------------------------|--------------------------------|
| 101 WYMORE RD P.O. BOX 6862                 |   |                                      |                     |   |             |  |  |                           |                           |                                |
| 314 LONGWOOD FL                             |   |                                      | . 32779             |   |             |  |  |                           |                           |                                |
| ALTAMONTE SPRINGS FL 32764                  |   |                                      |                     |   |             |  | DO NOT WRITI   | E IN THIS S               | PACE                      |                                |
| US  |   |                                      |                     |   |             |  | 3. Date incorporated or Qualified 10/31/1986   |                           |                           |                                |
| 2. Principal P                              | lace of Business  | 2a. Mailing Address                  |                     |   |             |  | 4. FEI Number  |                           | Α                         | pphed For                      |
| 21  |   | [26]                                 |                     |   |             |  | 59-2733978   |                           | N                         | lot Applicable                 |
| Suite, Apt. #, etc                          |   | Suile, Apit #, etc                   |                     |   |             |  | 5. Certificate of Status Desired   |                           | \$8.75                    | Additional                     |
| 22  |   | 27                                   |                     |   |             | 5. Continuate of States Desired              |  | Fee P                     | lequired                  |                                |
| City & Stat                                 | e   | City & State                         |                     |   |             | 6. Election Campaign Financing \$5.00 May Be |  |                           |                           |                                |
| 23  |   | 28                                   |                     |   |             | Trust Fund Contribution                      | L  |                           | to Fees                   |                                |
| Zip   | Country   | Zip   2ip                            | Cour                | ntry  |             |  | 8. This corporation owes or has p  | _                         |                           |                                |
| 24  | 25   29   30   30   9, Name and Address of Current Registered Agent   |                                      |                     | Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent |             |  |  |                           |                           | No                             |
| F   |   | in rogistorou Agent                  | <del>-</del>        | 81  | Name        |  | 10. Name and Address of New A  | gistered                  | gent                      |                                |
|   | NNINGS, W.C.<br>) AMBERWOOD CT.   |                                      | Ľ                   |   | 1401710     |  |  |                           |                           |                                |
|   | NGWOOD FL 32779   |                                      |                     | 82 Street Add   |             |  | ss (P.O. Box Number is Not Accepta   | ble)                      |                           |                                |
| LO  | NGWOOD FL 32/19   |                                      | ŀ                   | B3  |             | <del></del>                                  |  |                           |                           |                                |
|   |   |                                      | [                   | ٦,  |             |  |  |                           |                           |                                |
|   |   |                                      |                     | 84  | City        |  |  | FI                        | <b>85</b> Zip             | Code                           |
| 44 Durayant                                 | to the provisions of Continue CO2 OL  | 20 and 607 4660 Elected Ciabate      |                     | L   |             | <del></del>                                  | No. of the state o | <u>FL</u>                 | <u> </u>                  |                                |
| office or r                                 | to the provisions of Sections 607 050<br>egistered agent, or both, in the State                                       | : of Florida. Such change was a      | uthorized           | l by  | the co      | a corpor<br>rporation                        | ration submits this statement for the l<br>ri's board of directors. I hereby acce  | purpose or<br>pt the appo | changing i<br>pintment as | its registered<br>s registered |
| agent. La                                   | m familiar with, and accept the oblig   | pitions of Section 607 0505, Flo     | rida Statu          | itos.   |             |  | ·  |                           |                           | Ü                              |
| SIGNATURE                                   | 70  |                                      |                     |   | <u></u>     |  |  |                           |                           |                                |
| 12.   | Signature, typed or protest name of registered ag-<br>CELTOTIES AN  | ID DIRECTORS                         | Hegistered          | Agen  | it signatur | ne required                                  | when reinstating) ADDITIONS/CHANGES TO OFFI  | DATE<br>CEDS AND          | DIDECTO                   | DO IN 10                       |
| TITLE                                       | DP CITO(1)3700  | DELETE                               | 1.1 7(1)            | F   |             | Т  | ADDITIONS/CHANGES TO OFFI  | CENS AND                  | Change                    | Addition                       |
| NAME  | JENNINGS, JOHN J.   | <del></del>                          |                     | 1.2 NAME  |             |  |  |                           | L Onlings                 |                                |
| STREET ADDRESS                              | 100 AMBERWOOD CT.   |                                      |                     |   | L DODGE C   |  |  |                           |                           |                                |
| CITY-ST-ZIP                                 | LONGWOOD FL   |                                      |                     |   | ADDRESS     | `  |  |                           |                           |                                |
| TITLE                                       | EGNGWOOD 12   | DETETE                               | 1.4 CIT<br>2 1 TITL |   | - 2117      | +  |  |                           | Change                    | Addition                       |
| NAME  |   |                                      |                     |   |             |  |  |                           | Ondrigo                   | L_J / lability                 |
| STREET ADDRESS                              |   |                                      |                     | 2 2 NAME<br>2 3 STREET ADDRESS  |             | 1  |  |                           |                           |                                |
| CITY-ST-ZIP                                 |   |                                      |                     |   |             |  |  |                           |                           |                                |
| TITLE                                       |   | ☐ DELLTE                             | 2 4 CIT             |   | - 218       | <del></del>                                  |  | . '                       | Change                    | Addition                       |
| NAME  |   |                                      | 3 2 NAM             |   |             | -  |  |                           |                           |                                |
| STREET ADDRESS                              |   |                                      |                     |   | DDRESS      | 1  |  |                           |                           |                                |
| CITY-ST-ZIP                                 |   |                                      | 3.4. CIT            |   |             |  |  |                           |                           |                                |
| TITLE                                       |   | ☐ DELEIE                             | 4 1 TITL            |   | £/I         | +  |  |                           | Change                    | Addition                       |
| NAME  |   | -                                    | 4. 2 NA             |   |             |  |  |                           |                           |                                |
| STREET ADDRESS                              |   |                                      |                     |   | DDRESS      |  |  |                           |                           |                                |
| CITY-ST-ZIP                                 |   |                                      | 4.4 CiTi            |   |             | 1  |  |                           |                           |                                |
| TITLE                                       |   | DELF 1E                              | 5.1 TITL            |   | -11         | <b>†</b>                                     |  |                           | Change                    | Addition                       |
| NAME  |   | <del></del>                          | 5.2 NAA             |   |             | 1  |  |                           | •                         |                                |
| STREET ADDRESS                              |   |                                      |                     |   | DDRESS      |  |  |                           |                           |                                |
| CITY-ST-ZIP                                 |   |                                      | 5.4 CITY            |   |             | 1  |  |                           |                           |                                |
| TITLE                                       |   | DELETE                               | 6.1 TITLE           |   |             | 1  |  |                           | Change                    | Addition                       |
| NAME  |   |                                      | 6.2 NAN             |   |             |  |  |                           | 3                         |                                |
| STREET ADDRESS                              |   |                                      |                     |   | DORESS      |  |  |                           |                           |                                |
| City-St-ZiP                                 |   |                                      | 64 CITY             |   |             | 1  |  |                           |                           |                                |
| 14. I hereby o                              | ertify that the information supplied w  | ath this filing does not quality for | r the exer          | npli  | on stat     | ted in Se                                    | ection 119.07(3)(i), Florida Statutes. I   | further cer               | tify that the             | e information                  |
| indicated officer or e                      | on this annual report or supplement<br>director of the corporation or the reco<br>or Block 13 if changed, you an alta | al annual report is true and accu    | irate and           | that  | l my eir    | anatura                                      | shall have the same lengt offert as i  | fmade un                  | for noth: th              | at Laman                       |