

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 # J53458

(2)

1. Corporation Name

DIVERSE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

2505 NW BOCA RATON BLVD  
21 VIA DE CASAS SUR #203  
BOCA RATON FL 33431  
US

2505 NW BOCA RATON BLVD  
2 BOCA RATON FL 33431  
US

3. Date Incorporated or Qualified

01/23/1987

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0066766

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

2. Principal Place of Business

2a. Mailing Address

21 2505 NW Boca Raton Blvd  
Suite, Apt. #, etc.

26 2505 NW Boca Raton Blvd  
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

24 33431

Country

29 33431

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEISEN, BRADFORD R  
311 S. COUNTRY CLUB BLVD.  
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTS ☐ DELETE

NAME GEISEN, BRADFORD R  
STREET ADDRESS 311 S. COUNTRY CLUB BLVD.  
CITY- ST- ZIP BOCA RATON FL

TITLE VP ☐ DELETE

NAME MUTILLO, DOMINIC A.  
STREET ADDRESS 541 NW 54 ST  
CITY- ST- ZIP BOCA RATON FL

TITLE VP ☐ DELETE

NAME SULLIVAN, GREGORY M  
STREET ADDRESS 498 NE 9TH STREET  
CITY- ST- ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

407-393-8800

Date

Daytime Phone

CR2E034 (12/95)