

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J66839 (8)

1. Corporation Name

DIVERSITECH, INC.



Principal Place of Business

2411 N.W. 41ST STREET
P. O. BOX 7160
GAINESVILLE FL 32605-4160

Mailing Address

2411 N.W. 41ST STREET
P. O. BOX 7160
GAINESVILLE FL 32605-7160
US

3. Date Incorporated or Qualified
04/03/1987

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FET Number

59-2797360

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENWALL, PETER C. K.
211 N.E. 1ST STREET
GAINESVILLE FL 32601

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 607.1505, 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 if then applying

(If not Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME BACUS, JAMES N.
STREET ADDRESS 5308 N.W. 67TH STREET
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE VPD
NAME BRIGHT, KIM R.
STREET ADDRESS N 9043 OLD MADISON ROAD
CITY-STATE-ZIP NEW GLARUS WI

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D
NAME BRINKERHOFF, W. LEIGH
STREET ADDRESS 9015 W MAPLE ST
CITY-STATE-ZIP MILWAUKEE WI

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change

☐ Addition

TITLE AS
NAME MONDAY, BARBARA H
STREET ADDRESS 2718 SW 75TH ST
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☒ Change

☐ Addition

TITLE SD
NAME KESSLER, DEBRA
STREET ADDRESS 9015 W MAPLE ST
CITY-STATE-ZIP MILWAUKEE WI

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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 Monday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 352-577-7071

Daytime Phone #

CR2E034 (12/95)