

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/03/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>59-2797360</b>		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	25	7. 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		10. Name and Address of New Registered Agent	
<b>ENWALL, PETER C. K. 211 N.E. 1ST STREET GAINESVILLE FL 32601</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>P, T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACUS, JAMES N.</b>	1.2 NAME	
STREET ADDRESS	<b>5306 N.W. 67TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIGHT, KIM R.</b>	2.2 NAME	
STREET ADDRESS	<b>N 9043 OLD MADISON ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW GLARUS WI</b>	2.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTZBERG, JORGEN</b>	3.2 NAME	
STREET ADDRESS	<b>2411 NW 41ST ST</b>	3.3 STREET ADDRESS	<b>10-12 Bogealle</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	3.4 CITY - ST - ZIP	<b>Horsholm, Denmark, DK 2070</b>
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONDAY, BARBARA H</b>	4.2 NAME	
STREET ADDRESS	<b>4342 NW 61ST TERR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<b>S, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESSLER, DEBRA</b>	5.2 NAME	
STREET ADDRESS	<b>9015 W MAPLE ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MILWAUKEE WI</b>	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASAMENTO, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>2411 N.W. 41 ST.</b>	6.3 STREET ADDRESS	<b>300 River Street</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32605</b>	6.4 CITY - ST - ZIP	<b>Derby, KS 67037</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Barbara Monday** 3/27/97 352-377-7071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)