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 # **J80457** **(1)**

1. Corporation Name
DIVERSIFIED DEVELOPMENT GROUP OF NORTH AMERICA, INC.

Principal Place of Business
5007 TAMIAMI TRAIL E
NAPLES FL 33962
US

Mailing Address
5007 TAMIAMI TRAIL E
NAPLES FL 33962
US

3. Date Incorporated or Qualified: **06/30/1987**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21 950 Fifth Avenue N.
Suite, Apt. #, etc.
22
City & State
23 Naples, Fl
Zip 24 34102 Country 25 US

2a. Mailing Address
26 950 Fifth Avenue N.
Suite, Apt. #, etc.
27
City & State
28 Naples, Fl
Zip 29 34102 Country 30 US

4. FEI Number: **59-2827051** 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
FERNSTROM, CARL M.
5007 TAMIAMI TRAIL E
NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name: Carl M. Fernstrom
82 Street Address (P.O. Box Number is Not Acceptable): 950 Fifth Avenue North
83
84 City: Naples FL 85 Zip Code: 34102

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) of new registered agent — Date: Registered Agent signature required when applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	ALFORD, PAUL R.	
STREET ADDRESS	5007 TAMIAMI TRAIL E	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	☐ DELETE
NAME	FERNSTROM, CARL M.	
STREET ADDRESS	5007 TAMIAMI TRAIL E	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	☑ DELETE
NAME	HILL, JULIE E	
STREET ADDRESS	5007 TAMIAMI TRAIL E	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	☑ DELETE
NAME	GREIVELL, MARK D	
STREET ADDRESS	5007 TAMIAMI TRAIL E	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	☑ Change ☐ Addition
2.2 NAME	Carl M. Fernstrom	
2.3 STREET ADDRESS	950 Fifth Avenue North	
2.4 CITY-ST-ZIP	Naples, Florida 34102	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 — Date — Daytime Phone #

CR2E034 (12/95)