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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham & Secretary of State

DIVISION OF CORPORATIONS

1996

K05330

(1)

DOCUMENT #
1. Corporation Name

B & S DIVERSIFIED, INC.

Principal Place of Business Mailing Address  1 PURLIEU PLACE 1 PURLIEU PLACE								
1 PURLIEU PLACE STE - 154 WINTER PARK FL 32792 US		STE - 154 WINTER PARK FL 32792 US		3. Date Incorporated or Qualified   3a. Date of Last Report   12/02/1987   02/09/1995				
. Principal Place	of Business GOLDENROD Rd	2a, Mailing Address 26   1870 N Got	DWA	o Rd	4. FEI Number 59-2860339	1		Applied For Not Applicable
Suite, Apt. #, €	otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7		Additional Required
STE 106 City & State OALANDO, FL		City & State  28 ORLANDO	fe		Election Campaign Financing     Trust Fund Contribution			.00 May Be ded to Fees
3780°	Country 7 25 ORANG	7ιρ 29 <b>32807</b>	30 <b>0</b>	ntry RANGE	8. This corporation has liability for i	ntangible ta:	k under s	199.032,
000	9. Name and Address of Curren				10. Name and Address of New R	egistered /	gent	_ =
)				81 Name				
MAYBIN,				B2 Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
	sty morning PL			83				
CASSEL	BERRY FL 32707			63				
				84 City		FL	<b>85</b>   Zij	p Code
IGNATURE					oration submits this statement of the polar ard of directors. I hereby accept the app			
Sig	pature, typind or printed manie of registered agent			o Agent signature requir		DATE	DIRECTO	DRS IN 12
Sig <b>2.</b>	OFFICERS AN	D DIRECTORS	13.		rea when reliastating: ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
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4. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not quality for the exemption stated in Section 19.70(jk). India distillation of the 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 logal effect as if made under cath; that I am an officer or discount two 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 Flock 13 if change 3, or on an attachment with an address.

SIGNATURE

NATURE AND THE OF PHINE BY MINE OF SIGNING OFFICER OR DIRECTO

96 (402)382-776