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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

1820 N GOLDENROD RD

ORLANDO FL 32807

Suite, Apt. #. etc.

City & State

SUITE 106

22

23

24

Zip

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

K05330

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

25

4053 MISTY MORNING PL

CASSELBERRY FL 32707

Maybin, Rose

(1)

Mailing Address

SUITE 108

26

27

28

29

1820 N GOLDENROD RD

ORLANDO FL 32807

2a. Mailing Address

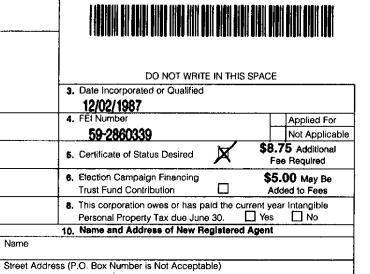
City & State

Zio

Suite Apt. #, etc.

B & S DIVERSIFIED, INC.

FILED Mar 10 1998 8:00am Secretary of State



Zip Code

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SI DELETE TITLE 1.1 TITLE Change ■ Addition SHMS, TANYA L. NAME 1.2 NAME 1465 PELICAN BAY TRL. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MAYBIN, ROSE NAME 2.2 NAME 4053 MISTY MORNING PL STREET ADDRESS 2.3 STREET ADDRESS CASSELBERRY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

Country

81

B2

83 84 City

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.

(NOTE: Registered Agent signature required when reinstating)

30

6.4 CITY - ST - ZIP 14. I 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 attaor impnt with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2/1/28

Change

Addition