

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -8 AM 11:27

DOCUMENT # K53814 (5)

1. Corporation Name

DIVERSIVEST, INC.

Principal Place of Business

3942 GULFSTREAM ROAD
LAKE WORTH FL 33461
US

Mailing Address

P. O. BOX 5359
LAKE WORTH FL 33466
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1988

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	65-0092687	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 195.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUSGROVE, CHARLES W.
2328 S. CONGRESS AVENUE, SUITE 1-D
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	☐ Change	☐ Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY - ST - ZIP	4. CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	5. TITLE		
NAME	6. NAME		
STREET ADDRESS	7. STREET ADDRESS		
CITY - ST - ZIP	8. CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	9. TITLE		
NAME	10. NAME		
STREET ADDRESS	11. STREET ADDRESS		
CITY - ST - ZIP	12. CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	13. TITLE		
NAME	14. NAME		
STREET ADDRESS	15. STREET ADDRESS		
CITY - ST - ZIP	16. CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	17. TITLE		
NAME	18. NAME		
STREET ADDRESS	19. STREET ADDRESS		
CITY - ST - ZIP	20. CITY - ST - 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:

SUBAN D. CHANCEY, SECRETARY

6/6/95

Date

Signature (Typed)