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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K69264

1. Corporation Name
DIVERSIFIED CORPORATE ENTERPRISES, INC.

DIVERSI	TED CONFORME ENTER	111020, 1110.							
Principal Place of Business Maiting Address				<u>.</u>		1 16616111 616 E(116 (21/6)1919 61		PII 01017 07071 01	41, 41411 1441
% DOTTIE ADAMS		% DOTTIE ADAMS							
****		3049 CREEKWOOD DR. CANTONMENT FL 32533				DO NOT WR	ITE IN THIS	SPACE	
CHITCHMENT	C 02,000	ON TOTAL SE SESSO			Ì	3. Date incorporated or Qualifed 03/01/1989			
		10- 10- II				4. FEI Number			aliad For
		2a. Mailing Address	¬			59-2949135		<u> </u>	plied For Applicable
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			39 2040 100		\$8.75 A	
		27				5. Certifcate of Status Desired		Fee Rec	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			Ì	Trust Fund Contribution	Ц	Added to	
Zip	Country	Zip	Country			8. This corporation owes the cur	rent year Inta	angible	
24	25	29	30			Personal Property Tax.			⊇ √No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered /	Agent	
ADA	ME DOTTIE		81	Name					
ADAMS, DOTTIE 3049 CREEKWOOD DR.			82	Street	Addres	s (P.O. Box Number is Not Accept	able)		
	TONMENT FL 32533								
CAN	IONMENT PL 32333		83						1
			84	City			FL	85 Zip C	lode
office or n agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by ida Statutes	the corpo	oration'	s board of directors. I hereby acce	pt the appoi	changing its ntment as rec	registered jistered
	Signature, typed or printed name of registered ager		Registered Age	it signature r	equired w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	DS IN 12
12.	D OFFICERS AN	D DIRECTORS	13.		JD		FICENS AN	Change	Addition
TITLE	ADAMS, DOTTIE	- DELETE	1.2 NAME		4,	T, S			
NAME	3049 CREEKWOOD DR.			ADDRESS					
STREET ADDRESS	CANTONMENT FL 32533-7512		1.4 CITY-S						
CITY-ST-ZIP	P	□ DELETE	2.1 TITLE	1-21	P,	<u>^</u>		Change	☐ Addition
NAME	ADAMS, MICHAEL J		2.2 NAME		MA	Adams			
STREET ADDRESS	3049 CREEKWOOD DR			ADDRESS	///. 0	. ,,			
CITY-ST-ZIP	CANTONMENT FL 32533-7512		2. 4 CITY-5			4 + · ·		-	
TITLE	D	☑ DELETE	3.1 TITLE				•	Change	☐ Addition
NAME	HIGHSMITH, L C		3.2 NAME						
STREET ADDRESS	1262 THE GROVE RD		3.3 STREE	TADDRESS					
CITY-ST-ZIP	ORNAGE PARK FL 32073		3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME			į			
STREET ADDRESS			4 3 STREE	T ADDRESS		٤			*
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE		1			☐ Change	Addition (
NAME			5.2 NAME						Ì
STREET ADDRESS				T ADDRESS					ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	-				- A 3 200
TITLE		☐ DELETÉ	6.1 TITLE					Change	Addition
NAME			62 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS	-				

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 chapter 607, or on a attachment with an address, with all other like empowered.

SIGNATURE: M.