FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FOR PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
97 JAN -6 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K70601 (5)

1. Corporation Name

DIVERSIFIED COMPANIES, INC.

REINSTATEMENT 96-97

Principal Place of Business / Mailing Address
4911 RICHMOND BLUFFS DR.
RICHMOND HEIGHTS, OH 44143-1461

3. Date Incorporated or Qualified: 03/06/1989
3a. Date of Last Report:

2. Principal Place of Business
21 P.O. BOX 210472
Suite, Apt. #, etc. 22
City & State 23: Royal Palm Beach , FL
Zip 24: 33421 Country 25:

2a. Mailing Address
26 P.O. Box 210472
Suite, Apt. #, etc. 27
City & State 28: Royal Palm Beach, FL
Zip 29: 33421 Country 30:

4. FEI Number: 65-0103543 ☐ 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

ABLE, DIANE
10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411

10. Name and Address of New Registered Agent

81 Name: MYRON MILLER
82 Street Address (P.O. Box Number is Not Acceptable): ~~10323 SOUTHERN BOULEVARD~~
83: 18769 SE Federal Hwy 33469
84 City: ~~ROYAL PALM BEACH~~ Tequesta FL 85 Zip Code: ~~33411~~

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 _____ Myron Miller 1/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D MYRON MILLER 10397 SOUTHERN BLVD. ROYAL PALM BEACH, FL 33411	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition ~~10323 Southern Boulevard~~ ~~Royal Palm Beach, FL 33411~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 18769 SE Federal Hwy Tequesta, ~~FL~~ FL 33469
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600002051828--6 ☐ Addition -01/09/97--01012--011 ****915.00 ****915.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ Myron Miller 1/1/97 (561)743-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR