

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # K70601 (5)

1. Corporation Name

DIVERSIFIED COMPANIES, INC.

Principal Place of Business

Mailing Address

4911 RICHMOND BLUFFS DR.
RICHMOND HEIGHTS, OH 44143-1461

FILED

97 JAN -6 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 P.O. BOX 210472		26 P.O. Box 210472		65-0103543		03/06/1989	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 City & State Royal Palm Beach, FL		28 City & State Royal Palm Beach, FL		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Zip 33421		25 Country		29 Zip 33421		30 Country	
				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	TEQUESTA FL 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

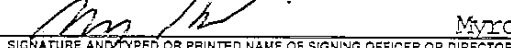
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☒ Change ☐ Addition	
TITLE	P.D.	1.1 TITLE	
NAME	MYRON MILLER	1.2 NAME	
STREET ADDRESS	10397 SOUTHERN BLVD.	1.3 STREET ADDRESS	10323 Southern Boulevard
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE		2.1 TITLE	18769 SE Federal Hwy
NAME		2.2 NAME	Tequesta, FL 33469
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	600002051828-1
NAME		3.2 NAME	-01/09/97--01012--011
STREET ADDRESS		3.3 STREET ADDRESS	****\$15.00 ****\$15.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E034 (12/95)