

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K94340 (2)**
1. Corporation Name
**DIVERSIFIED ACCOUNTING AND FINANCIAL SERVICES, I
NC.**

Principal Place of Business Mailing Address
~~195 WEKIVA SPRINGS RD
100
LONGWOOD FL 32779
US~~ ~~195 WEKIVA SPRINGS RD
100
LONGWOOD FL 32779
US~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1989		3a. Date of Last Report 04/28/1995	
21	251 MAITLAND AVE	26		4. FEI Number 59-2970805		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	215	27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	ALTAMONTE SPRINGS, FL	28					
24	32701	29	USA	30			

9. Name and Address of Current Registered Agent

**CRIVELLI, LAWRENCE F.
195 WEKIVA SPRINGS RD
SUITE 100
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name **CRIVELLI, LAWRENCE F.**
82 Street Address (P.O. Box Number is Not Acceptable)
251 MAITLAND AVE
83 **SUITE 215**
84 City **ALTAMONTE SPRINGS, FL** 85 Zip Code **32701**

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 *Lawrence F. Crivelli*

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

(NOTE: Registered Agent signature required when reinstating)

4/25/90

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIVELLI, LAWRENCE F.	1.2 NAME	
STREET ADDRESS	501 WHITE CAP COVE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIVELLI, PRUDENZA G.	2.2 NAME	
STREET ADDRESS	501 WHITE CAP COVE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: *Lawrence F. Crivelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (401) 788-9221
Date Daytime Phone

CR2E034 (12/95)