

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K96688** (2)
1. Corporation Name
DIVERSIFIED TRADING CORP.



Principal Place of Business

**9881 NW 3RD STREET
PEMBROKE PINES FL 33024**

Mailing Address

**9881 NW 3RD STREET
PEMBROKE PINES FL 33024**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**AMATO JR., CHARLES
9881 NW 3RD STREET
PEMBROKE PINES FL 33024**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/20/1989

3a. Date of Last Report

03/22/1995

4. FET Number

65-0017517

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

10. Name and Address of New Registered Agent

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 in full on separate sheet and attached to this report.

Typed name of registered agent on separate sheet and attached to this report.

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

**D
AMATO JR., CHARLES
9881 NW 3RD STREET
PEMBROKE PINES FL**

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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 included in 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 registered or foreign corporation to which this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 42 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

1-800-7873000

CR2E034 (12/95)