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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:14

DOCUMENT # L05434

(0)

1. Corporation Name

DIVERSE MANAGEMENT, INC.

Principal Place of Business

199 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address

199 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1989

3a. Date of Last Report

01/31/1994

2. Principal Place of Business

2a. Mailing Address

21 2505 NW BOCA RATON BLVD.

26 2505 NW BOCA RATON BLVD.

4. FEI Number

65-0134547

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

BOCA RATON, FL 33431

28 City & State

BOCA RATON, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

33431

USA

29 Zip

33431

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

10. Name and Address of New Registered Agent

SULLIVAN, GREGORY M.
498 N.E. 9TH STREET
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME GEISEN, BRADFORD R.
STREET ADDRESS 311 S COUNTRY CLUB BLVD.
CITY-STATE-ZIP BOYNTON BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE S
NAME SULLIVAN, GREGORY M.
STREET ADDRESS 498 N.E. 9TH STREET
CITY-STATE-ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE V
NAME MUTTILLO, DOMINIC A.
STREET ADDRESS 541 N.W. 54TH STREET
CITY-STATE-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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)(b), 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 resolution authorizing me 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

GREGORY M. SULLIVAN Sec

2-2-95

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