

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L05569 (3)**

1. Corporation Name

**DIVERSIFIED MANAGEMENT SERVICES INC.**



Principal Place of Business

**4409 GEM OAKS TERR  
ORLANDO FL 32806**

Mailing Address

**4409 GEM OAKS TERR  
ORLANDO FL 32806**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ADAMS, V. DREXEL  
4409 GEM OAKS TERR  
ORLANDO FL 32806**

3. Date Incorporated or Qualified

**07/27/1989**

3a. Date of Last Report

**01/19/1995**

4. FEI Number

**59-297 1357**

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

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 607.0100 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 I accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation

Signature of the Agent for the corporation

Date

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>ADAMS, V. DREXEL</b>     |                                 |
| STREET ADDRESS | <b>4409 GEM OAKS TERR</b>   |                                 |
| CITY, ST, ZIP  | <b>ORLANDO FL</b>           |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>JOHNSON, EARL</b>        |                                 |
| STREET ADDRESS | <b>6701 PARSON BROWN DR</b> |                                 |
| CITY, ST, ZIP  | <b>ORLANDO FL</b>           |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY, ST, ZIP  |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY, ST, ZIP  |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY, ST, ZIP  |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 Book 12 or Book 13 if changed, or on an affidavit filed with an affidavit.

**SIGNATURE:**

*V. Drexel Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/96*

*407 855 9164*  
Daytime Phone #

CR2E034 (12/95)