FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18672 (0)

1. Corporation Name

U.S. DIVERSIFIED TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
6950 BRYAN DAIRY ROAD LARGO FL 34647 US	BOX 4003 SEMINOLE FL 34642 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1989

3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 65-0147647 ☐ 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

9. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J.
201 N. FRANKLIN ST., SUITE 2700
TAMPA FL 33602

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SANTOSTASI, MR. PAUL	12 NAME		
STREET ADDRESS	3651 TOREY PINES BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY ST ZIP		
TITLE	DVST	21 TITLE		☒ Change ☐ Addition
NAME	PHILLIPS, BRETT	22 NAME	PT	
STREET ADDRESS	6950 BRYAN DAIRY RD.	23 STREET ADDRESS	Marvin Deutsch	
CITY-ST-ZIP	LARGO FL	24 CITY ST ZIP	314 LaHacienda Drive Indian Rocks, FL	
TITLE	STAR	31 TITLE	D	☒ Change ☐ Addition
NAME	KEY, CHRIS	32 NAME		
STREET ADDRESS	900 S. US HIGHWAY ONE, STE. 108	33 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	DELETE	X ☐ Change ☐ Addition
NAME	CIOLA, TOM	42 NAME		
STREET ADDRESS	731 KIRKMAN RD	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	DELETE	X ☐ Change ☐ Addition
NAME	MORRIS, WILLIAM	52 NAME		
STREET ADDRESS	OMICRO INT., 2804 SMITTER ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	DELETE	☒ Change ☐ Addition
NAME	CONARD, ANN	62 NAME		
STREET ADDRESS	HEALTH FACTORS, INC., 9075 SEMINOLE BLVD.B	63 STREET ADDRESS		
CITY-ST-ZIP	SEMINILE FL	64 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)(i), 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: [signature] MARVIN Deutsch PT 4/27/95 813-544-8866
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

046011 FP