

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L18672 (0)

1. Corporation Name

U.S. DIVERSIFIED TECHNOLOGIES, INC.



Principal Place of Business

6950 BRYAN DAIRY ROAD
LARGO FL 34647
US

Mailing Address

BOX 4003
SEMINOLE FL 34642
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/26/1989

3a. Date of Last Report

05/01/1995

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

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

Signature of person designated by corporation to sign report

DATE Registered Agent Signature required after report due

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
DP	SANTOSTASI, MR. PAUL	3651 TOREY PINES BLVD.	SARASOTA FL	☐
PT	DEUTSCH, MARVIN	314 LAHACIENDA DRIVE	INDIAN ROCKS FL	☐
D	KEY, CHRIS	900 S. US HIGHWAY ONE, STE. 108	JUPITER FL	☐
D	CIOLO, TOM	731 KIRKMAN RD	ORLANDO FL	☒
D	MORRIS, WILLIAM	OMICRO INT., 2804 SMITTER ROAD	TAMPA FL	☒
D	CONARD, ANN	HEALTH FACTORS, INC., 9075 SEMINOLE BLVD.B	SEMINOLE FL	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☒	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐	☐

STARKEY, CHRIS

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

DATE

Signature of Florida #

CR2E034 (12/95)