

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L44221 (4)**

1. Corporation Name

**FLORIDA DIVERSIFIED PROPERTIES, INC.**

Principal Place of Business

**1071 PORT MALABAR BLVD. NE #203  
SUITE 202  
PALM BAY FL 32905  
US**

Mailing Address

**1071 PORT MALABAR BLVD. NE #203  
SUITE 202  
PALM BAY FL 32905  
US**



3. Date Incorporated or Qualified  
**01/16/1990**

3a. Date of Last Report  
**03/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1402 Norman Street NE**

26 **1402 Norman St NE**

4. FEI Number  
**59-2980690**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #4**

27 **Suite #4**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Palm Bay, FL**

28 **Palm Bay, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32907**

25 **USA**

29 **32907**

30 **USA**

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

**MAIORANI, MICHAEL  
1071 PORT MALABAR BLVD NE SUITE 203  
PALM BAY FL 32905**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1402 Norman Street #4**

83

84 City **Palm Bay**

FL

85 Zip Code  
**32907**

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 title, if applicable

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPD MAIORANI, MICHAEL**  
STREET ADDRESS **1071 PT MALABAR BLD #203**  
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE

NAME **V MITCHELL, JUDITH**  
STREET ADDRESS **4815 SWEET GUM PLACE**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **S ANTTILA, JUDITH E.**  
STREET ADDRESS **2700 CRONTON ROAD #6-10**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1402 Norman St #4  
Palm Bay, FL 32907**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

*Judith M. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/96**

Date

Daytime Phone #

CR2E034 (12/95)