

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L44221 (4)**

1. Corporation Name  
**FLORIDA DIVERSIFIED PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**1402 NORMAN ST. NE SUITE 4 PALM BAY FL 32907 US**  
**1402 NORMAN ST. NE SUITE 4 PALM BAY FL 32907-2274 US**

3. Date Incorporated or Qualified **01/16/1990** 3a. Date of Last Report **04/02/1996**  
 4. FEI Number **59-2980690** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**MAJORANI, MICHAEL  
 1402 NORMAN ST, #4  
 PALM BAY FL 32907**

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 FILE  DELETE  
 NAME **DPD MAJORANI, MICHAEL**  
 STREET ADDRESS **1402 NORMAN ST, #4**  
 CITY, ST, ZIP **PALM BAY FL**  
 TITLE **V**  DELETE  
 NAME **MICHELL, JUDITH**  
 STREET ADDRESS **4815 SWEET GUM PLACE**  
 CITY, ST, ZIP **MELBOURNE FL**  
 TITLE **S**  DELETE  
 NAME **ANTILA, JUDITH E.**  
 STREET ADDRESS **2700 CRANTON ROAD #6-10**  
 CITY, ST, ZIP **MELBOURNE FL**  
 FILE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 FILE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP  
 FILE  DELETE  
 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  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: *Michael Majorani*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/97**  
 Date

CR2E034 (9/96)