

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L47478 (7)**

1. Corporation Name

DIVERSIFIED COMMUNICATIONS SERVICES, INC.



Principal Place of Business

Mailing Address

C/O JOANNE P. TISON-ROSSMAN
1254 ADAMS STREET
HOLLYWOOD FL 33019

C/O JOANNE P. TISON-ROSSMAN
1254 ADAMS STREET
HOLLYWOOD FL 33019

C/o Joanne Rossman

2. Principal Place of Business

21 **1326 SW 22 Ave**

Suite, Apt. #, etc.

22 City & State

23 **Ft. Lauderdale FL**

24 Zip

33312

Country

2a. Mailing Address

26 *C/o Joanne Rossman*

Suite, Apt. #, etc.

27 **1326 SW 22 Ave**

City & State

28 **Ft. Lauderdale FL**

29 Zip

33312

Country

30

3. Date Incorporated or Qualified
01/30/1990

3a. Date of Last Report
03/09/1995

4. FEI Number

65-0176215

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

TISON-ROSSMAN, JOANNE P.
1254 ADAMS STREET
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1326 SW 22 Ave**

84 City **Ft. Lauderdale**

FL

85 Zip Code

33312

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

Joanne Tison-Rossman

JOANNE TISON-ROSSMAN, president 5/09/96

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **TISON-ROSSMAN, JOANNE P**
CITY-ST-ZIP **1254 ADAMS STREET**
HOLLYWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1326 SW 22 Ave

Ft. Lauderdale FL 33312

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 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: *Joanne Tison-Rossman* **JOANNE TISON-ROSSMAN** 5/09/96 (954) 711-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)