

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Jan 31 1997 8:00am
Secretary of State

DOCUMENT # **L47478** (7)
1. Corporation Name
DIVERSIFIED COMMUNICATIONS SERVICES, INC.



Principal Place of Business
C/O ROSSMAN, JOANNE
1326 SW 22 AVE.
FT. LAUDERDALE FL 33312
US

Mailing Address
C/O ROSSMAN, JOANNE
1326 SW 22 AVE.
FT. LAUDERDALE FL 33312-4050
US

3. Date Incorporated or Qualified 01/30/1990	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business

21 40 Rossman, Joanne
State, Apt #, etc

22 3402 E 9th Court
City & State

2a. Mailing Address
26 PO Box 22-2311
Suite, Apt. #, etc.

4. FEI Number 65-0176215	Applied For
	Not Applicable

City & State **Hialeah FL**
Zip **33013** Country **USA**

28	City & State Hollywood FL
29	Zip 33022
30	Country USA

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

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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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.
1326 SW 22 AVE.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent	
81	Name <u>Tison-Rossman, Joanne</u>
82	Street Address (P.O. Box Number is Not Acceptable) <u>3402 E 9 Court</u>
83	
84	City <u>Hialeah</u> FL
85	Zip Code <u>33013</u>

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 Lison-Rossman (NOTE: Registered Agent signature)

1/24/97

12.	OFFICERS AND DIRECTORS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TISON-ROSSMAN, JOANNE P	
STREET ADDRESS	1326 SW 22 AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3402 E 9th Court
1.4 CITY - ST - ZIP	Hialeah FL 33013

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	DELETE

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Joanne Jison Kossman 1/24/97 691-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CB2F034 (9/96)