

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90015 044 ***150.00

DOCUMENT # L72827

1. Corporation Name
DIVERSIFIED STRATEGIC INVESTMENTS, INC.

Principal Place of Business
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US

Mailing Address
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1990

4. FEI Number

65-0195971

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1150B E. Hallandale Bch

2a. Mailing Address

26 1150B E Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hallandale FL

City & State

28 Hallandale FL

Zip 33009

Country USA

Zip 33009

Country USA

9. Name and Address of Current Registered Agent

BRYAN, ROBERT P.A.
815 N. RED RD., SUITE 201
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

ROBERT LECHTER

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

1150B E. HALLANDALE Bch BLVD

83

84 City

HALLANDALE

85

Zip Code

33009

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

ROBERT LECHTER

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE
NAME LECHTER, ROBERT
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD ☒ Change ☐ Addition
1.2 NAME LECHTER, ROBERT
1.3 STREET ADDRESS 1150B E. HALLANDALE Bch BLVD
1.4 CITY-ST-ZIP HALLANDALE FL 33009

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF ROBERT LECHTER

Date

Daytime Phone #

4/27/99 954 4553560

CR2E034 (11/98)

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