FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L77473** **(1)**

1. Corporation Name

DIVERSIFIED MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
4143 W. WATERS AVENUE SUITE 227A TAMPA FL 33614	4143 W. WATERS AVENUE SUITE 227A TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 1931 W. MLK BLVD
22 Suite, Apt. #, etc.: SUITE D
23 City & State: TAMPA, FL
24 Zip: 33607 25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-3016512 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NODLAND, JOYCE
6334 COCOA LN
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name: KAREN BANOVIC
82 Street Address (P.O. Box Number is Not Acceptable): 202 CURTIS ST
83
84 City: TAMPA FL 85 Zip Code: 33606

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: Karen K. Banovic KAREN K. BANOVIC, S/C/MGR. DATE: 2/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	NODLAND, ERIC C.	12 NAME	
STREET ADDRESS	~~6334 COCOA LANE~~	13 STREET ADDRESS	2418-3 COACH HOUSE BLVD
CITY-ST-ZIP	~~APOLLO BCH FL~~	14 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	~~DP~~ VP	21 TITLE	VP ☑ Change ☐ Addition
NAME	NODLAND, ~~ERIC C.~~ JOYCE	22 NAME	NODLAND, JOYCE
STREET ADDRESS	~~6334 COCOA LANE~~	23 STREET ADDRESS	2418-3 COACH HOUSE BLVD
CITY-ST-ZIP	~~APOLLO BEACH FL~~	24 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	ST	31 TITLE	ST ☐ Change ☑ Addition
NAME	BANOVIC, KAREN	32 NAME	BANOVIC, KAREN K.
STREET ADDRESS		33 STREET ADDRESS	202 W. CURTIS ST
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA, FL 33603
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: 813-877-5257
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0897A03 CP