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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M18472** (4)

1. Corporation Name

DIVERSIFIED FIRE PROTECTION, INC.



Principal Place of Business

Mailing Address

**801 BRICKELL AVE. 24TH FLOOR
C/O MILSTEIN, RICHARD C
MIAMI FL 33131**

**801 BRICKELL AVE. 24TH FLOOR
C/O MILSTEIN, RICHARD C
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 1 SE 3rd Avenue

26 1 SE 3rd Avenue, 27th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 c/o Richard Milstein

27 27th//c/o Richard Milstein

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33131

25

29 33131

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**M & W AGENTS, INC.
C/O RICHARD C MILSTEIN
801 BRICKELL AVE, 24TH FLOOR
MIAMI FL 33131**

81 Name

M&W Agents, Inc.

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

c/o Richard Milstein

83

1 SE 3rd Avenue, 27th Floor

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0507 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 then applicable)

(Typed Name of Registered Agent and then applicable)

4/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HOWARD, LISE M.**
STREET ADDRESS **12345 S.W. 97 CT.**
CITY - ST - ZIP **MIAMI FL**

TITLE **VST** ☐ DELETE
NAME **HOWARD, ROBERT W.**
STREET ADDRESS **12345 S.W. 97 CT.**
CITY - ST - ZIP **MIAMI FL**

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

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**700001822377
-05/15/96--01048--038
***225.00**

PM 5-1-96

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:

Lise M. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

305-232-2868
Display Phone #

CR2E034 (12/95)