

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

FILED

Apr 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M97389 (4)
 1. Corporation Name:
DIVERSIFIED JOINT VENTURES, INC.

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| Principal Place of Business 10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411 | Mailing Address 10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411-4338 |
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| 2. Principal Place of Business 21 18679 SE Federal Highway Suite, Apt. #, etc. | | 2a. Mailing Address 26 18679 SE Federal Highway Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 09/06/1988 | 3a. Date of Last Report 05/01/1996 |
| 22 City & State 23 Tequesta, FL 33469 Zip | | 27 City & State 28 Tequesta, FL 33469 Zip | | 4. FEI Number 65-0098494 | Applied For <input type="checkbox"/> Not Applicable |
| 24 Country 25 Martin | | 29 Country 30 Martin | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent BALCH, PATRICIA 10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411 | | 10. Name and Address of New Registered Agent 81 Rubenfeld, Daren, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 18679 SE Federal Highway 83 84 City Tequesta FL 85 Zip Code 33469 | |
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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:  **DAREN RUBENFELD** DATE: **4/15/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BALCH, PATRICIA 10323 SOUTHERN BLVD ROYAL PALM BCH. FL 33411 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PS Miller, Robert L. 18679 SE Federal Highway Tequesta, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V AUSTIN, CHRISTOPHER 10397 SOUTHERN BLVD ROYAL PALM BCH. FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VT Zboril, Jim 18679 SE Federal Highway Tequesta, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, ROBERT L 10397 SOUTHERN BLVD ROYAL PALM BEACH FL 33411 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | V Rubenfeld, Daren, Esq. 18679 SE Federal Highway Tequesta, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | V Austin, Christopher 18679 SE Federal Hwy, Tequesta, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **DAREN RUBENFELD** DATE: **4/14/97** 561-743-0014

CR2E034 (9/96)