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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P35449

(8)

MID-WEST DIVERSIFIED MANAGEMENT CORP.

Principal Place of Business

Mailing Address

FILED May 19 1997 8:00am Secretary of State



23123 B. STA BOCA RATON	TE ROAD 7, SUITE 255 FL 33428	23123 S. STATE ROAD 7. 3 BOGA RATON FL 33428-54		·	
				3. Date Incorporated or Qualified 09/10/1991	3a, Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	and the second s	26		43-1332785	Not Applicable
Sul 322			301	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 23		Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 26		Gountry 30		Yes No
7.40	ame and Address of Curren	t Hegistered Agent		10. Name and Address of New Re	gistered Agent
ielej Viso Dist	ANTERIOR B. ANTERIOR BEACH PL 33442		82 Street	AMES Address (P.O. Box Number is Not Acceptated STATE STA	Ole 7
11. Pursuant to the provisions of Species 507.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or office or office or a gistered agent. The state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Ignature, typed or printed name of registered age		Registered Agent signature		DATE
12.	OFFICERS AND	DELETE	18.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 S
	GORDON, JAMES N.	□ better	1.1 TITLE		Clause C vontion [6
NAME	23123 S STATE ROAD 7		1.2 NAME		[20]
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS		ļŭ
CMY-ST-ZIP	VS VS	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SCHALLER, VERNON				C Change C Adoltion
	23123 S STATE ROAD 7		2 2 NAME	6	
STREET ADDRESS	BOCA RATON FL		2.3 STREET ADDRESS	5	i
TITLE	BOOK MATORITE	DELETE	2.4 City-St-ZiP 3.1 TitlE		Change Addition
NAME			3.2 NAME		E change E Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 1/TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TiTLE		Change Addition
NAME	_		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.4 City-ST-ZIP		
TITLE	7	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	ty agt		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY- ST- ZIP		•
				I	

I do hereby certify that the information supplied with this filling 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 if on an attachment with an address.