

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38972** (6)
1. Corporation Name
DIVERSIFIED FINANCIAL SYSTEMS, INC.



Principal Place of Business 5015 SPEEDWAY DRIVE FORT WAYNE IN 46825	Mailing Address 5015 SPEEDWAY DRIVE FORT WAYNE IN 46825
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6400 Imperial Drive Suite, Apt. #, etc. 22 P.O. Box 8216 City & State 23 Waco, TX 24 76714-8216 25 USA		2a. Mailing Address 26 P.O. Box 8216 Suite, Apt. #, etc. 27 City & State 28 Waco, TX 29 76714-8216 30 USA		3. Date Incorporated or Qualified 05/22/1992	
		4. FEI Number 35-1781398		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN FILLIP, GEORGE	1.2 NAME	
STREET ADDRESS	1424 HILLTOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	1.4 CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGNUSON, DANA P	2.2 NAME	Farish, John T.
STREET ADDRESS	10880 S 700 E	2.3 STREET ADDRESS	9017 Kingswood Place
CITY-ST-ZIP	ROANOKE IN	2.4 CITY-ST-ZIP	Waco, TX 76712
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUECHTERLEIN, JOHN D	3.2 NAME	Treasurer
STREET ADDRESS	6314 PAPAGO COURT	3.3 STREET ADDRESS	James C. Holmes
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	4503 Battle Lake Rd.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JAMES R	4.2 NAME	
STREET ADDRESS	3930 GREEN OAK	4.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTAIN, JAMES T	5.2 NAME	
STREET ADDRESS	410 WOODFALL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Sec. Margie Ray
STREET ADDRESS		6.3 STREET ADDRESS	608 N. Rita
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Waco, TX 76705

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.

SIGNATURE: *James C. Holmes* James C. Holmes, Treasurer
444444 210-484-5245

CR2E034 (10/97)