FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #
1, Corporation Name

SIGNATURE: 🛫

P92000014592 (9)

DIVERSIFIED COORDINATED INVESTMENTS, INC.

Directival Place of Parameters Mailton Address								
Principal Place of Business Mailing Address 2641 NE 47TH STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE								
					3. Date Incorporated or Qualified 12/21/1992	3a. Date of t	Last Report /17/1995	
2. Principal Plac	be of Business	2a. Mailing Address 26			4. FEt Number 65-0374302	-	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. 2			#, etc.		5. Certificate of Status Desired	\$9.75 Additional		
Oity & State		City & State	en i recent reservates el escentre		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		Added to Fees nder s 199.032,	
	25 9. Name and Address of Curre	29 to Registered Agent	[30]		Florida Statutes Yes 10. Name and Address of New F	No No		
	g, Name and Addiess of Carre	in registered Agent		1 Name	IV. Name and Address of Rest P	egistereu Age	111	
ഭവവാ	TEIN IRVING I				500 50 No. 100 No. 10	1-1		
GOLDSTEIN, IRVING L 2641 NE 47TH STREET			١	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
	OUSE POINT FL 33064		8	3			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			8	4 City		FL	35 Zip Code	
or registered familiar with SIGNATUR:		ida. Such change was authorize Ilion 607.0505, Florida Statutes.	ed by the co	rporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	ointment as reg		
12.		ND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIE	RECTORS IN 12	
TILLE	D	DELETE	1. 1 7(1)	F			Change Addition	
NAM:	GOLDSTEIN, IRVING L		1.2 NAN	IE				
STREET ADDRESS	264 NE 47TH STREET		1.3 STR	E1 ADDRESS				
CrTY-ST-ZiP	LIGHTHOUSE POINT FL 3:		1.4 CITY	-ST-ZIP				
THE		☐ DELETE	2 1 7 11	Ė			Change	
NAME			2 2 NAN	IE				
STREET ADDRESS			2.3 STR	EFF ADDRESS				
C(*+-S*-7(₽		The state of the s		-ST-7IF				
THE		☐ DELETE	3 1 1 1 1			П	Change	
NAME CHARLET ARRESTS			32 NAN					
STREET ADDRESS CITY ST ZIP				EET ADDRESS -ST-ZIP				
TIBLE		[] DELETE	4. 1 TITI			<u> </u>	Change Addition	
Nami			4.2 NAM			_		
STREET ADDRESS			4 3 STR	EET ADDRESS				
CHY - \$1 - ZIP			4.4 CITY	r-ST-ZIP				
TILF		DELETE	5 1 111	LE			Change 🔲 Addition	
NAME:			5 2 NAN	NE				
STREET ADDRESS			5 3 S1H	EET ADDRESS				
01"Y - \$" - 7-P		FILOS CIC		1-S1-ZIP		···	· · · · · · · · · · · · · · · · · · ·	
lilit		DELETE	6 1 111				Change	
NAME S MODELLA ADDRESSOR			6 2 NAN					
STREET ADDRESS				EFT ADDRESS				
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn		r-ST-ZIP) oes not qualify	for the exemption stated in Section 119	.07(3)(k). Florida	Statutes I further	
certify that t oath; that I	the information indicated on this and	nual report or supplemental anni ioration or the receiver or truster	ual report is e empowere	true and accur	ate and that my signature shall have the iis report as required by Chapter 607, F	same legal effe	ect as if made under	

SUMPLEME AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-31-86 Date