PROFIT CCRPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014592

1. Corporation Name

DIVERSIFIED COORDINATED INVESTMENTS, INC.

Principal Place	e of Business	Mailin	g Address									
2641 NE 47T.1	STREET		NE 47TH STREET									
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL			HOUSE POINT FL 3:	064			+	DO NOT WE	RITE IN THIS S	DACE		
							a Date Inc	orporated or Qualife		SPACE	-	
							12/21/		u			
2 Principal P	lace of Business	2a. Ma	ailing Address				4. FEI Nurr				App	ed For
-	lace of Bosiness	26	aming , radio oco				65-037			H	+	Applicable
Suite, Art. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional					·
22			27			5. Certifcat	e of Status Desired			e Rec		
City & State			City & State			6. Election	6. Election Campaign Financing 55.00 May Be					
23		28					Trust Fu	nd Contribution	'	Ad	ded to	Fees
Zip	Country	Zij	p	Cou	ntry		8. This co	poration owes the cu	rrent year Inta	ngible		
24	25	29		30				Property Tax.		☐ Yes	[3No
	9. Name and Address of Curre	ent Register	ed Agent		1		10. Name a	nd Address of New	Registered A	gent		
COL	DOTEIN IDVANO I				81	Name						
GOLDSTEIN, IRVING L 2641 NE 47TH STREET					82	Street Add	iress (P.O. Box I	Number is Not Accep	otable)			
	ITHOUSE POINT FL 33064											
EJGF	TIHOUSE POINT PL 33004				83							
					84	City				85	Zip C	de
					İ				FL			
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.	1508, Florida Statu	les, the al	bove Lhv t	e-named cou	poration submits ion's board of du	this statement for the ectors. I hereby acc	e purpose of c	hangii Iment	ng its r as red	egistered
agent. I a	m familiar with, and accept the oblig	jations of, Se	ection 607.0505, Flo	rida Statu	ites.						·	
SIGNATURE												
	Signature, typed or printed name of registered ag			-	Agent	t signature requi	ed when reinstating)	101011111050 70 0	DATE	. DIO	OTO	O IN 40
12.	OFFICERS A	ND DIRECT	DELETE	13.			ADDITIC	NS/CHANGES TO C	FFICERS F NU	Ch □		Addition
TITLE	D Goldstein, Irving L		Decer	1 1 TIT							9-	
NAME	264 NE 47TH STREET			1.2 NA								
STREET ADDRESS	CUTHOUSE BOINT IL COCCA			1 3 STREET ADDRESS								
CITY-ST-ZIP	LIGHTHOUSE POINT PL 3300		☐ DELETE	2.1 TIT	TY-ST	- ZIP	 .			☐ Ch	nge	Addition
TITLE			C) DELLIC	1								
NAME				2.2 NA		**********						
STREET ADDRESS				2.3 81	KĖET	ADDRESS						
CITY-ST-ZIP				0.10	- ·	T 710						
TITLE			☐ DELETE	2.4 CI		T-ZIP				☐ Ch	ange	Addition
NAME			☐ DELETE	3.1 1	ΓLE	T-ZIP	 -			☐ Ch	ange	Addition
STREET ADDRESS			☐ DELETE	3.1 TH 3.2 NA	TLE					☐ Ch	ange	Addition
CITY-ST-ZIP			☐ DELETE	3.1 TIT 3.2 NA 3.3 ST	TLE VME REET	ADDRESS				□ Ch	ange	Addition
TOTAL				3.1 TH 3.2 NA 3.3 ST 3.4. CI	TLE UME REET ITY-S	ADDRESS				□ Ch		☐ Addition
TITLE			☐ DELETE	3.1 TII 3.2 NA 3.3 ST 3.4. CI	TLE AME REET ITY-S	ADDRESS						
NAME				3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N	TLE ME REET TY-S TLE AME	ADDRESS T-ZIP						
NAME STREET ADDRE: S				3.1 TH 3.2 NA 3.3 ST 3.4 CI 4.1 TH 4.2 No 4.3 ST	TLE TREET TY-S TLE AME REET	ADDRESS T-ZIP ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.1 TH 3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 NA 4.3 ST	TLE TREET TY-ST TLE TREET TY-ST	ADDRESS T-ZIP ADDRESS				□ Ch	ange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				3.1 TH 3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 N 4.3 ST 4.4 CI 5.1 TH	TLE THE TY-S TLE AME TEET TY-SI TLE	ADDRESS T-ZIP ADDRESS					ange	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.1 TO 3.2 NA 3.3 ST 3.4. CI 4.1 TO 4.2 NA 4.3 ST 4.4 CI 5.1 TO 5.2 NA	TLE TY-S TLE AME REET TY-SI TLE	ADDRESS T-ZIP ADDRESS T-ZIP				□ Ch	ange	☐ Addition
NAME STREET ADDRE'S CITY-ST-ZIP TITLE NAME STREET ADDRE'S			☐ DELETE	3.1 TiT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	ILE WME REET ITY-SI REET TY-SI ILE WME REET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS				□ Ch	ange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.1 TO 3.2 NA 3.3 ST 3.4. CI 4.1 TO 4.2 NA 4.3 ST 4.4 CI 5.1 TO 5.2 NA	ILE ME REET ITY-SI LE ME TY-SI LE ME REET TY-SI REET TY-SI TLE TY-SI TY-SI TY-SI TY-SI TY-SI TY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS				□ Ch	ange	☐ Addition

CITY-ST-ZIP 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 recuired 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRE IS

NAME OF SIGNING OFFICER OR DIRECTOR

4'-19- 99 Date

Daytime Phone #

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90120 010 ***150.00

CR2E034 (11/98)