SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 2:32

DOCUMENT # **P93000021640 (6)**

1. Corporation Name
GLOBAL DIVERSIFIED PRODUCTS, INC.

Principal Place of Business	Mailing Address
11401 16TH COURT N ST PETERSBURG FL 33716	11401 16TH COURT N ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-3169134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURRAY, WILLIAM D
11401 16TH COURT NORTH
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name: KAMAL S. JUNEJA
82 Street Address (P.O. Box Number is Not Acceptable): 11401 16TH COURT NORTH
83:
84 City: ST. PETERSBURG FL 85 Zip Code: 33716

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: Kamal S Juneja Kamal S Juneja 6/13/95
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	/JUNEJA, KAMAL S	1.2 NAME		
STREET ADDRESS	11401 16TH COURT N	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	MURRAY, WILLIAM D	2.2 NAME	DELETE THIS DIRECTOR	
STREET ADDRESS	11401 16TH COURT N	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, RUSS F	3.2 NAME		
STREET ADDRESS	11401 16TH COURT N	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kamal S Juneja KAMAL S. JUNEJA 6/13/95 813-579-0011
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0103000 CP