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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026386 (1) 1. Corporation Name							
	ON DIVERSIFIED, INC.	.,					
Principal Place of Business Mailing Address							
2675 NE 191ST ST.		2875 NE 191\$T \$T.					
SUITE 600 AVENTURA FL 33160		SUITE 702B	SUITE 702B AVENTURA FL' 33180-2801		·		
US US		US			3. Date Incorporated or Qualified	Sa. Date of Last I	Report
					04/07/1993	02/20/1996	
2. Principal Prace of Business 2a. M 21 26		2a. Mailing Address	Mailing Address		4. FEI Number 65-0466468		pplied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	······································	Additional
		27 City & State	City & State			Fee H	tequired
City & State	g	28	······································		Election Campaign Financing Trust Fund Contribution		May Be
Ζφ	Country Zip		Country		8. This corporation has liability for intagible tax under s. 199.032,		
24	25 29 9. Name and Address of Current Registered Agent		30	Florida Statutes Ly Yes L 1 10. Name and Address of New Registered Age		Yes No	
SHL	IR, RORY C	ent negistered Agent	81	Name	10, Hallie allo Address of Hen (to)	borelen villeur	
2875 NE 191 STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)		(e)	
702B			-				
AVE	NTURA FL 33180		83				
			84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the abov	e-named corp	ocration submits this statement for the pi ion's board of directors. I hereby accep		its registered
agent. Lar	m familiar with, and accept the obl	igations of, Section 607.0505, F	orida Statute	s.	north board or directors. I hereby accept	tine appointment as	2 tefliareten
SIGNATURE	Signature, typed or protest name of registered a	nount and title Landinable (NO	YE: Recustered Ac	ent signature technis	red when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE	D DELETE		11 TITLE			L. Change	Addition
NAME STEEF LADORESS	2875 NE 191 ST 702B		1 2 NAME 1 3 STREET ADDRESS				
CITY-ST ZIP	AVENTURA FL		14 CITY-ST-ZIP				
TITLE		DELETE	21 TITLE			☐ Change	Addition
NAME			2 2 NAME				
STREET ADDRESS			2 3 STREE 2 4 CITY -				
TITLE	DELETE		3 1 TITLE	V1 4.11		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			- 1	ADORESS			
COLY - ST - ZIP TITLE	DELETE		34 CiTY-	\$1-219		Change	Addition
NAME		_	4. 2 NAME		•		
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY - 1 5.1 TITLE	ST-ZIP		Change	Addition
TITLE NAME		C OFFEIT	5.1 HILE 5.2 NAME			Change	- Augmon
STREET ACCRESS				T ADDRESS			
C/1Y-S1-7:-			5.4 CITY-!	ST-ZIP			
F: ILF		DELETE	6.1 TITLE			Change	Addition
NAME STREET ADDRESS			6 2 NAME 6 3 STREE	T ADDRESS			
CITY-ST-ZIP			64 CITY-	1			
	by certify that the information suppl	lied with this filing does not qua			d in Section 119.07(3)(i), Florida Statutes	. I further certify the	t the

I so no early corruy may me mormation 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

OR PRINTED NAME OF SIGNING OFFICER OR PIR

V 4,

9375100

FILED

May 19 1997 8:00am

Secretary of State