FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 31 AM 11:05

DOCUMENT # **P93000028862 (9)**

1. Corporation Name
DIVERSIFIED MANAGED INVESTMENTS, INC.

Principal Place of Business	Mailing Address
6365 N.W. 6TH WAY SUITE 160 FT. LAUDERDALE FL 33309 US	6365 N.W. 6TH WAY SUITE 160 FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 441 SOUTH FEDERAL HWY
Suite, Apt. #, etc. 22:
City & State 23: DEERFIELD BEACH, FL
Zip 24: 33441 Country 25: U.S.A.

2a. Mailing Address
26: 441 SOUTH FEDERAL
Suite, Apt. #, etc. 27:
City & State 28: DEERFIELD BEACH, FL
Zip 29: 33441 Country 30: USA

4. FEI Number: 65-0412368 ☐ 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

SUMANDRON, KENNETH
6365 N.W. 6TH WAY
SUITE 160
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: SUHANDRON, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable): 441 SOUTH FEDERAL HWY
83:
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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] PRES MARCH 27, 1995
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent, required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	SUHANDRON, KENNETH	12 NAME	SUHANDRON KENNETH	
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 160	13 STREET ADDRESS	441 SOUTH FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 asterisk.

SIGNATURE: [signature], PRES March 27 1995 305-428-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0217036 CP