

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000030619 (9)

1. Corporation Name

DIVERSIVEST II, INC.



Principal Place of Business

2090 S. NOVA RD.
SUITE 223
S. DAYTONA FL 32119
US

Mailing Address

P. O. BOX 2992
ORMOND BEACH FL 32175
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

g. Name and Address of Current Registered Agent

AVENA, JOSEPH G
1420 NEW BELLEVUE AVE. SUITE 223
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified
04/27/1993

3a. Date of Last Report
05/22/1995

4. FEI Number

59-3179500

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. 190.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 officer 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 typed or printed name of registered agent, if applicable.

Signature typed or printed name of new registered agent, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	AVENA, JOSEPH G.	
STREET ADDRESS	1420 NEW BELLEVUE AVE., APT. 2112	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	V	☒ DELETE
NAME	AVENA, JENNIFER	
STREET ADDRESS	4030 ACOMA DR.	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	T	☒ DELETE
NAME	AVENA, NICOLE	
STREET ADDRESS	4030 ACOMA DR.	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

V
Gerard Avena
32 Tula Drive
Port Orange, FL 32119

T
Avena, Gerard
32 Tula Drive
Port Orange, FL 32119

400001910474
-08/01/96--01027-017
***225.00

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)(k), 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

JOSEPH G. AVENA

5-23-96

904 756-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR