

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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90067 024 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034003

1. Corporation Name

DIVERSIFIED INSURANCE GROUP, INC.

Principal Place of Business

**23100 SOUTHWEST 142ND AVENUE
MIAMI FL 33170**

Mailing Address

**23100 SOUTHWEST 142ND AVENUE
MIAMI FL 33170**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1993

4. FEI Number

65-0414053

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 885 NE. STOKES TER

Suite, Apt. #, etc.

22 Jensen Beach FL

City & State

23 34957 USA

Zip

Country

2a. Mailing Address

26 885 NE. STOKES TER

Suite, Apt. #, etc.

27 Jensen Beach, FL

City & State

28 34957 USA

Zip

Country

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9. Name and Address of Current Registered Agent

**STRAUS, JUDD B
23100 S.W. 142ND AVE.
MIAMI FL 33170**

10. Name and Address of New Registered Agent

81 Name Mary Jo STRAUS, JUDD B
82 Street Address (P.O. Box Number is Not Acceptable)
885 NE STOKES TER
83 Jensen Beach
84 City **FL** **85 Zip Code** **34957**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-1-99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	STRAUS, JUDD	23100 SOUTHWEST 142ND AVENUE	MIAMI FL 33170	<input type="checkbox"/>
S	STRAUS, MARY JO	23100 SOUTHWEST 142ND AVENUE	MIAMI FL 33170	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	STRAUS, JUDD B	885 NE STOKES TER	Jensen Beach FL 34957	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)