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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000053829 (6)

1. Corporation Name

DIVERSIFIED SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

206 E PRINCETON ST
ORLANDO FL 32804
US

Mailing Address

206 E. PRINCETON ST.
ORLANDO FL 32804-5545
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6921 Hanging Moss Rd		26 Suite Apt. #, etc.		07/29/1993		01/22/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Orlando FL		28 City & State		59-3194588		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
32807		USA		<input type="checkbox"/>		<input type="checkbox"/>	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
37807		USA		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

ARONS, JACK
2808 CARTER GROVE CIR
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name	JACK ARONS
82 Street Address (P.O. Box Number is Not Acceptable)	2201 EUGENIA CT
83	
84 City	OVIEDO
85 State	FL
86 Zip Code	32765

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

JACK ARONS

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONS, JACK	1.2 NAME	
STREET ADDRESS	2808 CARTER GROVE CIR	1.3 STREET ADDRESS	2201 EUGENIA CT
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONS, FERN	2.2 NAME	
STREET ADDRESS	2808 CARTER GROVE CIR	2.3 STREET ADDRESS	2201 EUGENIA CT
CITY-ST-ZIP	WINDERMERE FL 34786	2.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONS, MARK	3.2 NAME	
STREET ADDRESS	2808 CARTER GROVE CIRCLE	3.3 STREET ADDRESS	2201 EUGENIA CT
CITY-ST-ZIP	WINDERMERE FL	3.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/97

671-4600

0086107

CR2E034 (9/96)