

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

PROFIT CORPORATION
1998-1999
DOCUMENT # P93000053829
1. Corporation Name
DIVERSIFIED SERVICES OF
CENTRAL FLORIDA INC

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

53 FEB - P PH 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6921 Hanging Moss RD 6921 Hanging Moss RD
ORLANDO FL 32807 ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 6921 Hanging Moss RD 26 6921 Hanging Moss RD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 ORLANDO FL 28 ORLANDO FL
24 Zip 25 Country 29 Zip 30 Country
32807 USA 32807 USA

3. Date Incorporated or Qualified 7/93
4. FEI Number 59-3194588 Applied For Not Applicable
5. Certificate of Status Desired X \$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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
JACK ARONS
2201 EUGENIA CT
ORLANDO FL 32765

81 Name JACK ARONS
82 Street Address (P.O. Box Number is Not Acceptable) 2201 EUGENIA CT
83
84 City ORLANDO FL 32765 85 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 President Date 2/4/99
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRES	<input type="checkbox"/> DELETE		1.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACK ARONS			1.2 NAME	JACK ARONS		
STREET ADDRESS	2201 EUGENIA CT			1.3 STREET ADDRESS	2201 EUGENIA CT		
CITY-STATE-ZIP	ORLANDO FL 32765			1.4 CITY-STATE-ZIP	ORLANDO FL 32765		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARK ARONS			2.2 NAME	MARK ARONS		
STREET ADDRESS	2201 EUGENIA CT			2.3 STREET ADDRESS	2201 EUGENIA CT		
CITY-STATE-ZIP	ORLANDO FL 32765			2.4 CITY-STATE-ZIP	ORLANDO FL 32765		
TITLE	SECY - TREAS	<input type="checkbox"/> DELETE		3.1 TITLE	SECY - TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERN ARONS			3.2 NAME	FERN ARONS		
STREET ADDRESS	2201 EUGENIA CT			3.3 STREET ADDRESS	2201 EUGENIA CT		
CITY-STATE-ZIP	ORLANDO FL 32765			3.4 CITY-STATE-ZIP	ORLANDO FL 32765		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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: Jack M. Arons, Pres Date 2/4/99 Daytime Phone # 407-671-4600

CR2E034 (11/98)