Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064489

DIVERSITRONIX INC.

Principal Place of Business

101 MERIDIAN S. AVE 301 TAYLOR RD TAMPA FL 33802 STOW MA 01775 US US

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90091 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Principal Place of Business 2a. Mailing Address 2b. An E Y, 5 T. 2c. 43 DELANEY, 5 T. 2c. 59-3203616 Suite, Apt. #, etc. 2c. 27 City & State City & State 2c. 27 City & State 2c. 27 City & State 2c. 27 Country Zip Personal Property Ta	inancing \$5.00 May Be
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status D City & State City & State 28 5 7 0 1	Desired \$8.75 Additional Fee Required Financing \$5.00 May Be
22 City & State City & State City & State City & State 28 5 7 0 1	Pee Required Financing \$5.00 May Be
City & State City & State 28 5 7 0 1	- ()
28 5 TOW, MA Trust Fund Contribution Zip Country Zip Country 8. This corporation owe	- ()
Zip Country Zip Country 8. This corporation owe	don Added to Fees
	es the current year Intangible
24 29 01775 30 USA Personal Property Ta	ax. ☐ Yes ☐ No
	of New Registered Agent
81 Name	
KOSHY, V. G	at Assentable)
82 Street Address (P.O. Box Number is No	ot Acceptable)
TAMPA FL 33617	
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	I I
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	reby accept the appointment as registered
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN 12
	Change Addition
Kupian TH	AMPY -
TOWN, TOWN	Y 5T
STREET ADDRESS 301 TAYLOR ROAD 1.3 STREET ADDRESS 43 DECEMBER 1.3 STREET ADDRESS 43 DECEMBER 1.3 STREET ADDRESS 1.3 STREET ADDR	01775
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NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY- ST-ZIP 2. 4 CITY- ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	'-
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
STREET NUMESS	
CIT-31-2F	Change Addition
COMME	3 • 0 1
NAME CONTROL ADDRESS	•
STREET ADDRESS	
CITY-ST-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 cortifu that the information

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 informatior 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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

978-897-1260

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