

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 14 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003509 (4)**

1. Corporation Name

**DIVERSIFIED PERSONAL PLANNING, INC.**

Principal Place of Business

9858 GLADES ROAD  
SUITE 142  
BOCA RATON FL 33434

Mailing Address

9858 GLADES ROAD  
SUITE 142  
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0468226

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 C. 100.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21 20070 Ocean Key Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 9898 Glades Road  
Suite, Apt. #, etc.

22 City & State

23 Boca Raton Fla.

27 City & State

28 Boca Raton Fla.

24 Zip

24 33498

25 Country

25 Palm Beach

29 Zip

29 33434

30 Country

30 Palm Beach

9. Name and Address of Current Registered Agent

DIAMOND, RICHARD S  
10857 JAPONICA COURT  
BOCA RATON FL 33498

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 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 of applicant)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE: D  
NAME: DIAMOND, RICHARD S  
STREET ADDRESS: 9858 GLADES ROAD, SUITE 142  
CITY ST ZIP: BOCA RATON FL 33434

TITLE: D  
NAME: DIAMOND, DOROTHY M  
STREET ADDRESS: 9858 GLADES ROAD, SUITE 142  
CITY ST ZIP: BOCA RATON FL 33434

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: SECRETARY / TREASURER  Change  Addition  
12 NAME:   
13 STREET ADDRESS:   
14 CITY ST ZIP:

21 TITLE: PRESIDENT  Change  Addition  
22 NAME:   
23 STREET ADDRESS:   
24 CITY ST ZIP:

31 TITLE:  Change  Addition  
32 NAME:   
33 STREET ADDRESS:   
34 CITY ST ZIP:

41 TITLE:  Change  Addition  
42 NAME:   
43 STREET ADDRESS:   
44 CITY ST ZIP:

51 TITLE:  Change  Addition  
52 NAME:   
53 STREET ADDRESS:   
54 CITY ST ZIP:

61 TITLE:  Change  Addition  
62 NAME:   
63 STREET ADDRESS:   
64 CITY ST ZIP:

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 110.07(3)(a), 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 appointed 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:

*Dorothy M. Diamond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOROTHY M. DIAMOND

4/8/95 (305) 771-9666  
DATE