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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011272 (9)

DIVERSIFIED ENGINEERING INC.

Principal Place of Business CHA ENGENATED DO

Mailing Address

COO ENGEWATED NO

FILED May 06 1997 8:00am Secretary of State



STE 1915 OBLANDO FL 328		STE 1975 OPENIQO FL 32810-4747			
X \		16		 Date Incorporated or Qualified 02/10/1994 	3a. Date of Last Report 05/01/1996
2. Principal Plac		2a. Mailing Address	C-1 1 C	4. FEI Number	Applied For
1 16295 Suite Apt #,	W. Colonial Pri	VE 26 1 4415 W. (Suite, Apt. #, etc.	Colonal Priv	te 59-3223368	Not Applicable
2	eic	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Winter	- Garden, FL	City & State 28 Winter 6	anden, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3478	37 25 US	29 34 787	Country 30 US		Yes No
	 Name and Address of Currer DONALD E 	nt Registered Agent	81 Name	10. Name and Address of New Re	platered Agent
6230 E STE-D	EDGEWATER DR.	tress 3	83	ress (P. O. Box Number is Not Alceptab	P. DR.
			84 City Wil	nter Gandien	FL 8534727
I1. Pursuant to	the provisions of Sections 607.05/	02 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the pation's board of directors I bereby accept	
SIGNATURE	On all E	I flow	OWALD E. F. TE: Registered Agent signature requ	IVANA OBINIBO	1/15/97 BATE
	DPT	☐ DELETE	1.1 DTLE		Change Addition
	flynn, donald e		1.2 NAME		
	2729 MAYWOOD STREET		1.3 STREET ADDRESS		
HY-S1 ZIP	Eustis Fl		1.4 CITY-ST-ZIP		
IILE -	/	DELETE	2.1 TITLE	V	Change Addition
IAME	CLEATON, FRANK JR		2.2 NAME	oger Patel	_
TREE LADORESS	6230-EDGEWATER DR. #D-1		2.3 STREET ADDRESS	106 PINE TOP PLACE	
aty-St-ZiP	ORLANDO FL 02010			RLANDO FL 3281	<u> </u>
II E		DELETE	3.1 TITLE		Change Addition
AME {			3.2 NAME		
JREET ADDRESS			3.3 STREET ADDRESS		
:ITY - \$1 - 2iP			3.4. CITY-ST-ZIP		
IItí		☐ DELET E	4.1 TITLE		Change Additio
iAME			4. 2 NAME		
ARLET ADDRESS			4.3 STREET ADDRESS		
DIY-SE-ZIP			4.4 CITY-ST-ZIP		
IIIF		☐ DELETE	5.1 TITLE		Change Additio
IAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY- ST-72			5.4 CITY-ST-ZIP		•
ITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
SEREE L'ADDRESS			6.3 STREET ADDRESS		
CCLY - S1 - 7IP	and if that the information a mali-	and with this filing does not out	6.4 CITY-ST-ZIP	ed in Section 119 07/3/(i) Florida Statute	a 1 further cortify that the

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