

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

APPROVED  
AND  
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05-11-15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
 ANNUAL REPORT  
**1995**

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

DOCUMENT # P94000049462 (2)

## 1. Corporation Name

## DIVERSIFIED FINANCIAL AND REALTY SERVICES, INC.

| Principal Place of Business                 | Mailing Address                             |
|---------------------------------------------|---------------------------------------------|
| 808 S DENNING DRIVE<br>WINTER PARK FL 32789 | 808 S DENNING DRIVE<br>WINTER PARK FL 32789 |

DO NOT WRITE IN THIS SPACE

|                                                 |                         |
|-------------------------------------------------|-------------------------|
| 3. Date Incorporated or Qualified<br>06/29/1994 | 3a. Date of Last Report |
|-------------------------------------------------|-------------------------|

|                                |                 |                     |                  |                  |  |                   |  |
|--------------------------------|-----------------|---------------------|------------------|------------------|--|-------------------|--|
| 2. Principal Place of Business |                 | 2a. Mailing Address |                  | 3. Filing Number |  | Applied For       |  |
| 21                             | 321 W Kings Way | 25                  | 321 W. Kings Way | 59-3258120       |  | Not Applicable    |  |
| Suite, Apt. # etc              |                 | Suite, Apt. #, etc  |                  |                  |  | \$8.75 Additional |  |

|    |                 |    |                 |                                                        |                          |                                |
|----|-----------------|----|-----------------|--------------------------------------------------------|--------------------------|--------------------------------|
| 22 | City & State    | 27 | City & State    | 5. Certificate of Status Desired                       | <input type="checkbox"/> | \$0.00 Additional Fee Required |
| 23 | Winter Park, FL | 28 | Winter Park, FL | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees    |

|    |       |    |        |    |       |    |        |    |                                                                                                                                                           |  |
|----|-------|----|--------|----|-------|----|--------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 24 | 32789 | 25 | County | 26 | 32789 | 27 | County | 28 | g. This corporation has liability for nonpayment under § 129.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|----|-------|----|--------|----|-------|----|--------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                         |  |                                                       |                  |
|-------------------------------------------------------------------------|--|-------------------------------------------------------|------------------|
| 9. Name and Address of Current Registered Agent                         |  | 10. Name and Address of New Registered Agent          |                  |
| ROBINSON, IRA T<br>2611 N HIATUS ROAD SUITE 160<br>COOPER CITY FL 33026 |  | 81 Name                                               | Clara Martinez   |
|                                                                         |  | 82 Street Address (P.O. Box Number is Not Acceptable) | 321 W. Kings Way |
|                                                                         |  | 83                                                    | WINTER PARK      |
|                                                                         |  | 84 City                                               | FL 85 32789      |

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

Resistant to acid rain, resistant to drought, resistant to frost, resistant to

**THESE**

254

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PRESIDENT             | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CLARA MARTINEZ        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 821 W. KINGS WAY      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                | WINTER PARK, FL 32789 | 1.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                       | 2.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                       | 3.4 CITY ST ZIP                                       |                                                                   |
| 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                                       |                                                                   |

REMITTED BY MAY 1

14. The undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined in Sections 119.01(2)(b), Florida Statutes. Further, the undersigned certify that the information is relevant to this report or supplemental annual report or books and accounts and that any information shall have the same legal effect as if made voluntarily, that it is not false or false to the best of the undersigned's knowledge or belief or of the undersigned's best knowledge and belief, and that the undersigned is not aware of any person who is not aware of the information so provided to generate this report as required by Chapter 119, Florida Statutes, and that the undersigned is not aware of any person who is not aware of the information so provided to generate this report as required by Chapter 119, Florida Statutes.

**SIGNATURE:**

MONATLICH: AND TYPED OR PRINTED NAME OF WORKING OFFICE OR DIVISION

12.00

(407) 6474377

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