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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 15 1998 8:00am Secretary of State

| | 1998 | DIVISION OF CO | ORPORATIONS | Secretary | or State |
|---|--|-------------------------------------|--|---|---------------------------------|
| DOCUMENT # P9400085533 (5) DIVERSIFIED LABOR SERVICES, INC. | | | | | |
| | | | | | |
| Principal Place | e of Business | Malling Address | | | BIÁN BINAN BURAN ANADA NIN 1881 |
| 102 SE 4TH AVE | | 102 SE 4TH AVE | | | |
| BOYNTON BEACH FL 33435 | | BOYNTON BEACH FL 33435 | | DO NOT WRITE IN THI | S SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 11/23/1994 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0537956 | Not Applicable |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the o | current year Intangible |
| 24 | 9. Name and Address of Currer | | 30 | Personal Property Tax due June 30. 10, Name and Address of New Registers | |
| STEVENS, ROBERT W 81 Name | | | | | |
| 400 05 4711 445 | | | ress (P.O. Box Number is Not Acceptable) | | |
| BOYNTON BEACH FL 33435 | | | 83 | | |
| | | | | | |
| | | | 84 City | F | L 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 reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Flor | ida Statutes. | tions board of directors. Thereby accept the a | ppolitinant as registered |
| SIGNATURE | Signature, typed or printed name of registered age | and and title if applicable (NOTE: | Registered Agent signature requi | (red when reinstating) DATE | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TIFLE | PT | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAMÉ | STEVENS, ROBERT W | | 1.2 NAME | | |
| STREET ADDRESS | 102 SE 4TH AVE | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | BOYNTON BCH FL V | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| TITLE NAME | WURRY, WILLIAM | □ better | 2.1 IIILE 2.2 NAME | | Cuende Ci vocition |
| STREET ADDRESS | 228 NE 1ST AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BCH FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | S | DELETE | 3.1 TITLE | | Change Addition |
| NAME | STEVENS, WILLIAM S | | 3.2 NAME | | i |
| STREET ADDRESS | 698 THOMAS JEFFERSON L | ANE | 3.3 STREET ADDRESS | | |
| CITY-S1-ZIP | MELBORNE FL | D bevere | 3.4. CITY-ST-ZIP | | Character 1 Addition |
| TITLE | | L. DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | 4. 2 NAME 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 52 NAME | | İ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | - Tobaras - Totalis |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change L Addition |
| NAME DARGET ADDRESS | | | 6.2 NAME | | ļ |
| STREET ADDRESS | 1 | 1, | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ertify that the information suppliertw | it this filing does not qualify for | 6.4 CITY-ST-ZIP | Section 119 07(3)(i) Florida Statutes I further | certify that the information |

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or supplied 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 of the control
INCOLNER D

SIGNATURE:

561) 369-1952