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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Change

Change

Change

Change

Change

Addition

Addition

Addition

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Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000016 (2)

ENTEC DIVERSIFIED SERVICES, INC.

Principal Place of Business Mailing Address 5157 S.W. 87TH AVE. 5157 S.W. 87TH AVE. COOPER CITY FL 33328 COOPER CITY FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0561586 21 Not Applicable Sulte. Apt #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zibi 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NASH, STEPHEN R 5157 S.W. 87TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **COOPER CITY FL 33328** 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of regularized age in and other apple able. (NOTE: Registered Agunt signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE NASH, STEPHEN R NAME 1.2 NAME 5157 S.W. 87TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL 33328** CITY-ST-ZIP 1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

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5.4 CITY - ST-ZIP

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2.4 CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

6 2 STREET ADDRESS

6 4 CITY-S1-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 certify that the information

14. Thereby 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 suppliemental 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 trustoc 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 or an attachment with an address.

STERICAL P. MASH. 4/22/98.