## 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 # P95000027873 (5)

## DIVERSIFIED MANAGEMENT SERVICES OF SOUTH FLORIDA , INC.

POST OFFICE BOX 210 MARCO ISLAND FL 33969

Suite, Apt. #, etc.

SIGNATURE:

City R. Stato

21

22

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

POST OFFICE BOX 210 MARCO ISLAND FL 34146-0210

## FILED Apr 29 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

5. Certificate of Status Desired

04/07/1995

65-0580510

4, FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

05/01/1996

23		28	Olaro			1		Election Campaign Financing Trust Fund Contribution		Added t	
7 p	Country	Zip	Country				This corporation has liability for	intanoible			
24	25	29	is	10		Florida Statutes Yes No					
9. Name and Address of Current Registered Agent						1	O.	Name and Address of New Re	egistered A	gent	
WARREN, SANDRA E						е					
651 PARTRIDGE COURT MARCO ISLAND FL- <b>38667</b> -					Stree	eel Address (P.O. Box Number is Not Acceptable)					
					82 Street Address (P.O. Box Number is Not Acceptable)						
				83							
				B4	City	<u>.</u>				85 Zip (	Code
					•				FL_	34	145
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.											
agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
Stgrather, typed or printed name of registered agent and title if applicable (NOTE: Registere						ure required wi			DATE OCDO AND	DIDECTOR	<u></u>
12.		ICERS AND DIRECTORS	DELETE	13.		<del></del>	Al	DDITIONS/CHANGES TO OFFIC	CERS AND	Change	Addition
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	WARREN, ROBERT E	10 M/A		1.3 STREET	4 DDDCCC	.					1
STREET ADDRESS						<b>"</b>					
C/TY - ST - ZIP TITLE	MANCO ISCAND FL		DELETE	1.4 CITY - S 2.1 TITLE	1-24			<u></u>		Change	Addition
NAME	WARREN, SANDRA E		LJ better	2.1 HILE						( Ondargo	C YOUNG!
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STREET ADDRESS				4.3 STREET	address	s					)
City -SI - Zift				44 CITY-S	T-2#P						
THE			DELETE	51 TITLE						Change	Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS	s					-
CITY+ST-ZIP				5.4 CITY-S	7-7IP						
TITLE			DELETE	6.1 TITLE					'	Change	Addition
NAME				62 NAME		,					]
STREET AUDRESS				6.3 STREET	ADDRESS	s					
CITY - ST - ZIF		1 14 15 15		6.4 CITY-S			0.	440.07/00/0 50-04-00			n
14. 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 13 if changed, or on an attachment with an address.											

SANDRA E. WALLEN SANDRA E. WARREN 4/23/97 941-692-1177
BIGHATURE AND TYPEO OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR