## 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 # P95000055114 (9)

JEM DIVERSIFIED, INC.

## FILED May 05 1997 8:00am Secretary of State



Principal Place	e of Business	Mailir	Mailing Address				I (Abisani isa inini bisi najii najii najii natii nili nili nili nili ili ili ili ili i				
115 SOUTH SU			OUTH SUNSET BL								
GULF BREEZE	FL 32561	GULF	BREEZE FL 32561	-4311							
							3. Date Incorporated or Qualified	3a. Dal	e of Last	Report	
_							07/17/1995		2/1996	Порон	
2. Principal Pi	lace of Business	<b>2a.</b> M	ailing Address			··	4. FEI Number	. <del></del> 1 <u></u>		applied For	
21		26]	[26]				59-3325249			lot Applicable	
Şuite, Apt. #, etc.		St	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional	
22		27	-, :				S. Certificate of Ottalog Education		Fee F	lequired	
City & State		F -	City & State				6. Election Campaign Financing			<b>)</b> May Be	
Zip Country			Zip Country				Trust Fund Contribution	Added to Fees			
Zip	├ <del>-</del> ¬ ′	/ <sub>1</sub>	p		uy		8. This corporation has liability for			s. 199.032,	
24 25 9. Name and Address of Current		urrent Register	30				Florida Statutes Yes YNO				
MVT	CZYNSKYJ, JOSEPH	undin negleter	DO AGOIN		31	Name	io, italic and Addisso of Note in	gioloiou P	90		
	SOUTH SUNSET BLVD.			L						·····	
	F BREEZE FL 32561			8	32	Street Add	dress (P.O. Box Number is Not Acceptal	ole)			
	DIECEL I CORONI			1	33			~ <del>~~~</del> =~ ~~		<del></del>	
				-	<u>.</u>	·					
				1	84	City		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.	1608, Florida Stat	utos, the abo	L 1-0V0	named cor	poration submits this statement for the	nurpose of	changing	its registered	
office or n	registered agent, or both, in the im familiar with, and accept the	State of Florida. obligations of S	Such change was ection 607 0505. I	s authorized Florida Statu	by ti	he corpora	alion's board of directors. I hereby acce	pt the appo	ointment a	s registered	
SIGNATURE	,,										
SIGNATURE	Signature, typed or printed name of require	ed agost mid title if a	pit cable (N	OTE Registered	Ageri	s gnature requ	pred when reinstating)	ITACI			
12.		S AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI				
TITLE	PD		☐ DELF1E	1170	ŧ				Change	Addition	
NAME	MYTCZYNSKYJ, JOSEPH	_		1.2 NAN	ΛE						
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CITY-ST-ZIP	GULF BREEZE FL 32561		Theres.	1.4 CITY		71P					
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NAME				2.2 NAM							
STREET ADORESS				23 STR		1					
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STREET ADDRESS				3 3 S1H		Ī					
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STREET ADDRESS				4 3 S1R		DRESS					
				440/11							
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NAME				5.2 NAN							
STREET ADDRESS				5.3 S1R		DDRESS !					
CITY-ST-ZIP				5.4 CITY		ł					
TITLE			DELETE	6.1 1H:		::	Y		Change	Addition	
NAME				6.24NAM					3.		
STREET ADDRESS				4		DDRESS					
STREET ADDRESS				63 S1R	EET AI						

14. To bereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(i). Florida Statutes, Florida Statutes, Florida statutes, Florida Statutes, Florida Statutes, and that my signature shall have the same legal effect as if made under eath; 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.

CHATHER SAME M. F. . LOSEDUE MYT/2

4-28-97 (ONU)032-153L