

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90003 008 \*\*\*158.75

DOCUMENT # P95000086212

1. Corporation Name  
DIVERSIONS UNLIMITED, INC.



Principal Place of Business  
~~570 BRECKENRIDGE VILLAGE #1~~  
ALTAMONTE SPRINGS FL 32714  
540 OLYMPIC VILLAGE #4

Mailing Address  
C/O NJ BARNES  
~~570 BRECKENRIDGE VLG #1~~  
ALTAMONTE SPRINGS FL 32714  
540 OLYMPIC VILLAGE #4

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 540 OLYMPIC VILLAGE Suite, Apt. #, etc. 22 #4 City & State 23 ALTAMONTE SPRINGS FL Zip 24 32714 Country 25 SEMINOLE	2a. Mailing Address 26 540 OLYMPIC VILLAGE Suite, Apt. #, etc. 27 #4 City & State 28 ALTAMONTE SPRINGS FL Zip 29 32714 Country 30 SEMINOLE	3. Date Incorporated or Qualified 11/01/1995	4. FEI Number 59-3340723 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARNES, NANCY J  
~~570 BRECKENRIDGE VILLAGE #1~~ 540 OLYMPIC VILLAGE #4  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name NANCY J BARNES  
82 Street Address (P.O. Box Number is Not Acceptable) 540 OLYMPIC VILLAGE #4  
83  
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

CHANGE OF ADDRESS ONLY

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, NANCY J	1.2 NAME	
STREET ADDRESS	540 OLYMPIC VILLAGE #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	VCO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WENDY D	2.2 NAME	NP-000 FERGUSON, WENDY D
STREET ADDRESS	165 SEDGEFIELD CIRCLE	2.3 STREET ADDRESS	1257 S KIRKMAN RD #1184
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	ORLANDO FL 32811
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	

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 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, with all other like empowered.

SIGNATURE: NANCY J BARNES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT/CEO

4/29/99 407 646-8535  
Date Daytime Phone #

CR2E034 (1/98)