

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087889 (8)

1. Corporation Name

DIVERSIFIED INVESTORS, INC.



Principal Place of Business

12461 GATEWAY GREENS DRIVE
FORT MYERS FL 33913

Mailing Address

12461 GATEWAY GREENS DRIVE
FORT MYERS FL 33913

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

MARESCA, MICHAEL
12461 GATEWAY FREENS DRIVE
FORT MYERS FL 33913

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

—

4. FET Number

65-0626205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 NAME
D MARESCA, MICHAEL
2 STREET ADDRESS
12461 GATEWAY GREENS DRIVE
3 CITY, ST, ZIP
FORT MYERS FL 33913

1 NAME
D BEARD, JAMES
2 STREET ADDRESS
13891 75TH AVENUE N.
3 CITY, ST, ZIP
LARGO FL 34646

1 NAME
D RINEKER, FRANCIS
2 STREET ADDRESS
20427 WILDCAT RUN DRIVE
3 CITY, ST, ZIP
ESTERO FL 33928

1 NAME
D
2 STREET ADDRESS
3 CITY, ST, ZIP

1 NAME
D
2 STREET ADDRESS
3 CITY, ST, ZIP

1 NAME
D
2 STREET ADDRESS
3 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trusted, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an additional page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30 / 96 941-9925223

CR2E034 (12/95)