

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

FILED

Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000087889 (8)

1. Corporation Name  
DIVERSIFIED INVESTORS, INC.



Principal Place of Business  
12461 GATEWAY FREENS DRIVE  
FORT MYERS FL 33913

Mailing Address  
12461 GATEWAY FREENS DRIVE  
FORT MYERS FL 33913-8358

3. Date Incorporated or Qualified 11/15/1995  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business  
21 7381 COLLEGE PKWY  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 60074  
Suite, Apt. #, etc.

4. FEI Number 65-0626205  
Applied For Not Applicable

22 ~~Fort~~  
City & State  
23 FORT MYERS FL  
Zip Country  
24 33907 25 USA

27  
City & State  
28 FORT MYERS FL  
Zip Country  
29 33906 30 USA

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARESCA, MICHAEL  
12461 GATEWAY FREENS DRIVE  
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name MICHAEL MARESCA  
82 Street Address (P.O. Box Number is Not Acceptable) 12461 GATEWAY FREENS DR.  
83  
84 City FT. MYERS, FL FL 85 Zip Code 33913

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 Michael Maresca  
Signature of person authorized to change registered office and/or registered agent (if applicable)  
Michael Maresca  
3-12-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARESCA, MICHAEL	
STREET ADDRESS	12461 GATEWAY FREENS DRIVE	
CITY - ST - ZIP	FORT MYERS FL 33913	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEARD, JAMES	
STREET ADDRESS	13891 75TH AVENUE N.	
CITY - ST - ZIP	LARGO FL 34646	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RINEKER, FRANCIS	
STREET ADDRESS	20427 WILDCAT RUN DRIVE	
CITY - ST - ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: Michael Maresca President 3-12-97 (941) 275-1968  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)