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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087889 (8)

DIVERSIFIED INVESTORS, INC.

FILED Feb 17 1998 8:00am Secretary of State



Principal Place				1								#F ##									
7381 COLLEGE PKWY. FORT MYERS FL 33907 US				POST OFFICE BOX 60074 FORT MYERS FL 33906 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified												
											1	11/15/	1995								
2. Principal Pla	sce of Busine	SS	·	7 3	2a. M	lailing Address						El Numi				·		T	App	otiod For	
21 12461 Gateway Greens D						16					65-0626205							Not	Applica	ıble	
Suite, Apt. #, etc.						Suite, Apt. #, etc.					5. C	ertificat	e of Stat	tus Di	esired]			dditiona quired	1
City & State 23 Ft. Myers, FL					City & State						1		Campaig d Contri	-		<u> </u>]			May Be Fees	
Zip Country									Country			8. This corporation owes or has paid the current year Intangible									
24 33913 25 Lee					29 30						Personal Property Tax due June 30. XYes No 10. Name and Address of New Registered Agent								\dashv		
 	9, Name a	nd Add	ress of Curr	ent Re	gister	red Agent		 -			10. N	lame ar	d Addr	986 C	f New	Regist	ered /	Agent			
MAR	RESCA, MIC	HAEL						81	Nar	ne											
12461 GATEWAY GREENS DR Fort Myers Fl 33913									Stre	et Addre	ss (P.O. Box Number is Not Acceptable)										
								83										-11-			
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office or re agent. I an	cistered age	nt or b	oth, in the Stat	te of Fi	lorida.	.1508, Florida Sta Such change wa Section 607.0505,	is author	izea by	the (ed corpo corporation	oration s on's boa	submits ard of d	this stat rectors.	l her	it for the	ne purp scept th	ose of e app	changii ointmen	ng its t as r	register egistere	d
SIGNATURE _	Signature typed or	printed n	ame of registered a	gent and	tillo il e	pplicable (N	NOTE : Regis	lered Age	nt signa	ature require	d when rein	instal-ng)					DATE				-
12.			OFFICERS A				1	3.			AD	DITION	S/CHAN	IGES	TO OI	FICER	S AND	DIREC	TORS	3 IN 12	
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NAME	BEARD, JAMES				2.			2.2 NAME													
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14. I hereby ce	ertify that the	informa	tion supplied	with th	nis filin	ig does not qualif		.4 CITY - S exemp		tated in S	Section	119.07(3)(i), Flo	rida :	Statute	s. I furt	her ce	rtily tha	I the	informat	ion

indicated on this annual report or supplied with this limit does not quality for me exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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.