SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P95000090513 (9) FLORIDA DIVERSIFIED INSURANCE INC.

Principal Place of Business	Mailing Address			<u> </u>
9209 SEMINOLE BLVD. #112 SEMINOLE FL 34642	9209 SEMINOLE BLVD.,	# 112	+ reenreat we nedet erikt soutt betill oliff bolls t	erni ender britis 11600 litil (00)
•	SEMINOLE FL 34642		Date Incorporated or Qualified 3a.	Date of Last Report
2. Principal Place of Business .	2a. Mailing Address	·	11/27/1995	·
114/0 2 nd St. N.	26 14/0 July	St. N.	4. FEI Number 50 73454120	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc	31.10.	59 3345427	Not Applicate
	27 200		5. Certificate of Status Desired	\$8.75 Additional Fee Required
St. Poderspales Fl		surg Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
$\frac{3500}{25}$	^{Z D} 33761	30 USA	8. This corporation has liability for intangible	
9. Name and Address of Cu	rrent Registered Agent		f londa Statutes Yes 10. Name and Address of New Registered	No No
FOWLER, MARGARET E		81 Name	The state of the s	Agent
9209 SEMINOLE BLVD., #112		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SEMINOLE FL 34642		<u> </u>	(1.5. Dox Hamber is Not Acceptable)	
		83		
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.	0502 arid 607.1508, Florida Statute	es, the above named corr	poration submits this statement for the purpose of	1 1 '
agent. I am familiar with, and accept the ob-	ate of Florida, Such change was a	uthorized by the corporat	poration submits this statement for the purpose of ion's board of directors. Thereby accept the appo	changing its registered. Fintment as registered
GNATURE .		and oragies.		0
Signar ire typied or printed in the of registered OFF I/CERS		F. Registered Agent's gnature requi	rod when relestating) DAR	
PRESIDENT	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
MATGATET E.F.	owler LJ DELFTE	1.1 TBLE		Change Addition
ELADORESS 9209 Seminore B	SLUD HITL	1.2 NAME		
ST-ZIP Seminbe FI 3	4642	1.3 STREET ADORESS		
	DELETE	1.4 CHTY - ST - ZIP 2 1 THTLE		
Ę		2.2 NAME	l	Change Addition
EET ADDRESS		2 3 STREET ADDRESS		
- ST- ZIP		2 4 CITY - ST - ZIP		
	DELFIE	31 TITLE		Change Addition
F		3.2 NAME	L	Change Addition
E1 ADORESS		3 3 STREET ADDRESS		
- ST- ZIP		34 CITY - ST - ZIP		
-	DELETE	4 1 TITLE		Change Addition
ET ADDRESS		4 2 NAME		
-ST-ZIP		4.3 STHEET ADDRESS		
	DELETE	44 CHY-ST-ZiP		
		51 TITLE	Ĺ	Change Addition
ET ADDRESS		5 2 NAME		
\$1-719		5 3 STREET ADDRESS		
	DELETE	54 CiTy - ST - ZiP 61 TiTLE	7000018331 -07/03/960104006	97
		62 NAME	-07/03/96010400 0	Change Addition
T ADDRESS		63 STREET ADDRESS	***225.00	
ST-ZIP				
I do hereby certify that the information supplifurther certify that the information indeed a	ed with this filing is yoluntarily furn	ished and does not qualif	y for the exemption stated in Section 119 07(3)(k	Florida Statutos I
			y for the exemption stated in Section 119 07(3)(k nd accurate and that my signature shull have the to execute this report as required by Chapter 61	same legal effect as it
that my name arypore in Clear 42 C				
that my name appears in Block 12 or Block 13	3 if changed or on an attachment	with an address.	to stronger by Chapter 61	7. Florida Statutes; ano
that my name appears in Block 12 or Block 13	3 If changed or one attachment	with an address.	er E Fowler 619196 (8	r, Florida Statutes; ano

SIGNATURE: