

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

FILED

Mar 03 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 # **P95000094439 (3)**
1. Corporation Name
DIVERSIFIED INVESTMENTS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**7680 REPUBLIC DRIVE #100
ORLANDO FL 32819**

Mailing Address
**7680 REPUBLIC DRIVE #100
ORLANDO FL 32819-6914**

3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last Report 08/08/1996
4. FEI Number 59-3363257	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. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 7680 REPUBLIC DRIVE Suite, Apt. #, etc. 22 SUITE 110 City & State 23 ORLANDO FL Zip 24 32819 Country	2a. Mailing Address 26 7680 REPUBLIC DRIVE Suite, Apt. #, etc. 27 SUITE 110 City & State 28 ORLANDO FL Zip 29 32819 Country
---	--

9. Name and Address of Current Registered Agent

**STANTON, A.J. JR.
255 SOUTH ORANGE AVE.
ORLANDO FL 32801**

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 607.0502 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LADHA, ISSA	1.2 NAME	
STREET ADDRESS	7680 REPUBLIC DRIVE #100	1.3 STREET ADDRESS	7680 REPUBLIC DRIVE, STE 110
CITY - ST - ZIP	ORLANDO FL 32819	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LADHA, NAVEEN M	2.2 NAME	
STREET ADDRESS	7680 REPUBLIC DRIVE #100	2.3 STREET ADDRESS	7680 REPUBLIC DRIVE, STE 110
CITY - ST - ZIP	ORLANDO FL 32819	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

407 345 9960

CR2E034 (9/96)