## 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 # 1. Corporation Name P96000003313 (9)

DIVERSIFIED RESOURCES, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



4/20/00

(205) 523-6500

Principal Place	a of Business	Mailing Address				#144 HIPE III		
2300 SUNSET DRIVE 2800 SUNSET DR MIAMI BEACH FL 33140 MIAMI BEACH FL								
MIAMI BEAUT	FL 33140	MIAMI BEACH FL 33140			DO NOT WRITE IN THE	S SPACE		
					3. Date Incorporated or Qualified			
					01/05/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
III Lincoln Road 26 P.O. Box 40			4031	39	65-0633605	ļ-	Not Applicable	
Suite Apt. #, etc. Suite, Apt. #, etc.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$8.7	75 Additional	
22 800					5. Certificate of Status Desired	•	e Required	
City & State City & State					6. Election Campaign Financing	\$5.	.00 May Be	
23 Miami Beach, +1a 28 Miami Beau				f/a.	Trust Fund Contribution		ded to Fees	
<sup>Zip</sup>				, ,	, This corporation owes of that paid the content year interigible			
24 33/39 25 USA 29 33/40 30				5A				
	9. Name and Address of Curren	Registered Agent		т	10. Name and Address of New Registere	d Agent		
RUS	SS, GINA S		81	Name				
2800 SUNSET DRIVE				Street Add	fress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33140								
			83	·				
			84	City		85	Zip Code	
·				<u> </u>	F		·	
office or re	to t <b>he</b> provisions of Sections 607.0502 e <b>gistered agent</b> , or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	uthorized b	y the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changi opointmen	ing its registered it as registered	
SIGNATURE								
	Signature, typed or ponted name of regulered age-			ent agnature requ	ird when reinstating) DATE			
12.	OFFICERS AND	···	13.	···	ADDITIONS/CHANGES TO OFFICERS AF			
TITLE	PD CHARA	L_ DELETE	1.1 TITLE			L Char	nge 🛄 Addition	
NAME	RUSS, GINA S.		1,2 NAME					
STREET ADDRESS	2800 SUNSET DRIVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP_	MIAMI BEACH FL			ST-ZIP		· -		
TITLE	VPD	DELETE	2.1 TITLE	-		Char	nge 🔲 Addition [	
NAME	SHORE, ROSANNE		2.2 NAME					
STREET ADDRESS	2800 SUNSET DR		2.3 STREE	T ADDRESS	•			
CITY-ST-ZIP	MIAMI BEACH FL			ST-ZIP				
TITLE	VPTS	DELETE	3.1 TITLE	į		∐ Char	nge L Addition	
NAME	SHORE, BENJAMIN		3.2 NAME					
STREET ADDRESS	2800 SUNSET DR		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE			Char	nge 🔲 Addition	
NAME			4. 2 NAME	Ì				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY -	S1-ZIP				
TITLE		DETELE	5.1 TITLE			Char	nge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-		<u> </u>			
14. I hereby co	ertify that the information supplied wi	th this filing does not qualify for	the exemp	otion stated in	n Section 119.07(3)(i), Florida Statutes, i further ure shall have the same legal effect as if made t	certify that	t the information	
officer or o	on this armoal report or supplemental director of the corporation or the rece	iver or trustee empowered to ex	nate and tr xecute this	report as req	pre shall have the same legal effect as it made to quired by Chapter 607, Florida Statutes; and that	inuer oath 1 my name	appears in	
Block 12 o	or Block 13 if changed, or on apattac	hment with an address.		· ·	•			