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

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**PROFIT CORPORATION ANNUAL REPORT** 1998

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000004838 (4)

**DIVERSIFIED ASSOCIATES INC., SOUTH** 

Country

9. Name and Address of Current Registered Agent

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CASSIDY, JOSEPH T 1329 NARITA LANE

NAPLES FL 33942

Principal Place of Business	Mailing Address			
1329 NARITA LANE NAPLES FL 33942	1329 NARITA LANE NAPLES FL 33942	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified 01/16/1996		
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0660914		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
City & State	City & State	6. Election Campaign Financing \$5		

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 spent; I am lamiter with any descept this obligations of Section 607 0505. Florida Statutes.

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Country

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ayont. i a	in rantilial with, and accept the obligations of,	Section 607.0303, Florid	Ja Siaiules.			
SIGNATURE	Signature, typed or profind name of registered from and little if	applicable (NOTE: F	Registered Agent signature rec	Outract when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OF			S IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	CASSIDY, JOSEPH T		1.2 NAME			!
STREET ADDRESS	1329 NARITA LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	CASSIDY, SUSAN J		2.2 NAME			
STREET ADDRESS	1329 NARITA LANE		2.3 STREET ADDRESS			,
CITY-ST-ZIP	NAPLES FL 33942		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			1
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 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 13 if changed or on an attachment with an address. or on an attachment with an address

SIGNATURE:

3/23/98

**FILED** 

Mar 26 1998 8:00am

Secretary of State

8. This corporation owes or has paid the current year Intangible

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

□ Ño

₩ Yes