FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 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 # **P96000027123 (4)**

1. Corporation Name
DIVERSIFIED OIL COMPANY

Principal Place of Business	Mailing Address
3220 N.E. 58 STREET FORT LAUDERDALE FL 33308	3220 N.E. 58 STREET FORT LAUDERDALE FL 33308-2626

3. Date Incorporated or Qualified: 03/27/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: # 999 Eller Drive
22 Suite, Apt. #, etc.: A-8
23 City & State: Ft Laud Fla
24 Zip: 33316
25 Country: USA

2a. Mailing Address
26: PO Box 13111
27 Suite, Apt. #, etc.: Port Everglades Sta
28 City & State: Ft Laud Fla
29 Zip: 33316
30 Country: USA

4. FEI Number: 65-0657797 ☐ 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

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY ESQ.
KOPELOWITZ & PLAFSKY, P.A.
750 S.E. 3RD AVENUE, SUITE 100
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Alan J. Goldberg
82 Street Address (P.O. Box Number is Not Acceptable): 999 Eller Drive
83: # Suite A-8
84 City: Ft Laud FL 85 Zip Code: 33316

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: Alan J Goldberg 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, REBECCA L 3220 N.E. 58 STREET FORT LAUDERDALE FL 33308	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P, T, D ALAN J. GOLDBERG 999 ELLER DR. SUITE A8 FT. LAUDERDALE, FL 33316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, ALAN J. SAME AS ABOVE	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP, D DON F. STEWART 999 ELLER DRIVE SUITE A8 FT. LAUDERDALE, FL 33316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, STEWART, DON F. [illegible] AVE BOCA RATON, FL 33486	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP, S REBECCA L. GOLDBERG SAME AS ABOVE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, SUSAN J. SAME AS ABOVE	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D, STEWART, SUSAN J. SAME AS ABOVE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: [illegible] VP 4/29/97 954-524-5835
Rebecca L. Goldberg DON F. STEWART
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #