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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000039337 (6)**

1. Corporation Name
DIVERSIFIED CONSULTING SYSTEMS, INC.

Principal Place of Business	Mailing Address
521 SOUTH 2ND ST LAKE WALES FL 33853-4133 US	7800 W. OAKLAND PARK BLVD SUITE C-306 FT. LAUDERDALE FL 33351-6741 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/03/1996**

4. FEI Number: **59-3380040** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FURNISH, DAVID W
6901 W. BROWARD BOULEVARD, SUITE 205
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: FURNISH DAVID W.
82 Street Address (P.O. Box Number is Not Acceptable): 7800 W. OAKLAND PARK BLVD
83 Suite C-306
84 City: Ft. Lauderdale FL 85 Zip Code 33351

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 David W. Furnish X [signature], President 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FURNISH, DAVID W	
STREET ADDRESS	6901 W. BROWARD BOULEVARD, SUITE 205	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VD	☒ DELETE
NAME	HO, YUK MUI	
STREET ADDRESS	6901 W. BROWARD BOULEVARD, SUITE 205	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DST	☐ DELETE
NAME	FURNISH, TERRY L	
STREET ADDRESS	6901 W. BROWARD BOULEVARD, SUITE 205	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	FURNISH, DAVID W.	
1.3 STREET ADDRESS	7800 W. Oakland Pk Blvd Suite C-306	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33351-6741	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DST	☒ Change ☐ Addition
3.2 NAME	FURNISH TERRY L	
3.3 STREET ADDRESS	7800 W. Oakland Pk Blvd C 306	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33351-6741	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], President 4/8/98 954-747-3301 x210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0303401