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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042219 (1)

DIVERSIFIED FUNDING SOURCES, INC.

Principal Place of Business Mailing Address

FILED May 06 1997 8:00am Secretary of State



723 BUNKERS COVE ROAD PANAMA CITY FL \$2401		P.O. BOX 388 Panama City FL 32402-0388		1			
					3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3379273	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			9. Certificate of Status Desired	Fee Required	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
— ^{Ζίρ}	Country	Zip	Counti	ry	8. This corporation has liability for in		
24	25 29 30		10		Florida Statutes Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
	KAHON, FRANK B JR		8	1 Name			
	BUNKERS COVE ROAD		8	2 Street Addr	ress (P.O. Box Number is Not Acceptabl	e)	
PAN	AMA CITY FL 32401		8	3		·	
			8	4 City		FL 85 Zip Code	
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the oblig	eof Florida. Such change was au	thorized b	by the corporat	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing its registered the appointment as registered	
SIGNATURE.	Signature, typed or printed name of registered agr	Two is			rea when reinstating)		
12.		D DIRECTORS	18.	gent signature requi	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	President/Chair		1.1 TITLE	-	110011101101111111111111111111111111111	Change Addition	
NAME	Frank B. McMaho		1.2 NAME	:		•	
STREET ADDRESS	723 Bunkers Cov		1.3 STRE	FI ADDRESS			
CITY-ST-ZIP	Panama City, Fl		1.4 CITY-	-S1 - ZIP			
TITLE		DELETE 2.1 16				Change Addition	
NAME			2. ? NAM				
STREET ADDRESS			2. 3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	- ST - ZIP			
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
City-St-ZiP			3.4. CITY	- S1 - ZIP			
TITLE		☐ DELE1E	4.1 101.6			Change Addition	
NAME			4. 2 NAM	ΙĒ			
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAMI	†			
STREET ADDRESS			5.3 S1RE	ET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY				
TITLE		☐ DELETE	611016	1		Change Addition	
NAME			6.2 NAM	<u> </u>			
STREET ADDRESS			63 S1HF	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-\$1 - 7IP			

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 confination or the receiver or trusted empoyared to execute this report as required by Chapter 607, Florida Statutes; and that my name