Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90035 007 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # P96000056988

Corporation Name

**USA DIVERSIFIED PRODUCTS, INC.** 

Principal Plac	e of Business	Mailing Address				- I I BODI I I I FORIO DI INCODI		I BISIN BAISE ANSE	il leidi inii iosi
23440 JANICE	AVE.	23440 JANICE AVE.							
19		19				,			
CHARLOTTE H	ARBOR FL 33980-8403	CHARLOTTE HARBOR FL 3	33980-8403	3	•		VRITE IN THIS	SPACE	
						3. Date Incorporated or Quali	rea .	, "	
2. Principal P	Place of Business	2a. Mailing Address				07/08/1996 4. FEI Number	····	T T	pplied For
21	· ·	26				65-0682937		_ <del>                                    </del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·			Additional
22		27				5. Certifcate of Status Desired	ı 🗆		equired
City & Stat	te	City & State				6. Election Campaign Financi	nig	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the	current year In	tangible	
24 .	25		30			Personal Property Tax.	٠.	Yes	□No
150 v	9. Name and Address of Curre	ent Registered Agent		241		10. Name and Address of Ne	w Registered	Agent	
WIS	MER, DAVID C	· · · · · · · · · · · · · · · · · · ·		81	Name	,			
	40 JANICE AVE.		.	82	Street Addres	ess (P.O. Box Number is Not Acc	eptable)		
19	TO SAINOE AVE.			83		20.000.000.000.000.000	e e de estado e e e e e e e e e e e e e e e e e e e	3 1 8 2 1 3 4 8 7	11 147 (27 124)
11	ARLOTTE HARBOR FL 33980			ВЗ				<b>全性的情况</b>	
. 1				84	City			85 Zip	Code
11 Dureuant	to the provisions of Sections 607.05	02 and 607 1508 Elorida Statuto	oc the ab		named corner	ration authorite this statement for	F L	-	ragiatorad
, i i disuant	registered agent, or both, in the State	of Florida, Such change was a	utborizad	TOAC-I	named corbor	n's board of directors. I bereby ac	cant the annoi	intment as re	negistered
omce or r	- f	of Florida, Such Change was at	uulonzeu	by th	ne corporation	in a board or directors. Thereby ac	cept the appoi		gistorea
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statu	by th	ie corporation	n's board of directors. Thereby ac	сері іне арроі		giotorea
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statui	tes.			DATE DATE		
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statui	tes.		when reinstating)	DATE		:
SIGNATURE	Signature, typed or printed name of registered ap  OFFICERS A	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	rida Statu	tes. Agent s		when reinstating)	DATE		<del></del> : <sub>-</sub>
SIGNATURE	m familiar with, and accept the oblig  Signature, typed or printed name of registered ap  OFFICERS A	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered A	Agent s		when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered ag OFFICERS A P WISMER, DAVID C 23440 JANICE AVE.	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered A  13.  1.1 TITL  1.2 NAA	Agents LE ME		when reinstating)	DATE	ND DIRECTO	DRS IN 12
3 agent. I a SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A P WISMER, DAVID C	ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS  DELETE	Registered A  13.  1.1 TITL  1.2 NAA	Agent s  LE  ME  REET A	DDRESS	when reinstating)	DATE	ND DIRECTO	DRS IN 12 ☐ Addition
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AGENTATURE  12.  11ILE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A P WISMER, DAVID C 23440 JANICE AVE.	ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS  DELETE  DELETE	Registered #   13.   1.1 TITL   12 NAA   1.3 STR   1.4 CITL   2.2 NAA   2.3 STR   2.4 CITL   3.1 TITL   3.2 NAA   3.3 STR   3.4 CITL   3.5 CI	LE  ME  REET AI  Y-ST-2  HE  ME  REET AI  REET AI  Y-ST-2  REET AI  Y-ST-2  REET AI	DDRESS ZIP DDRESS DDRESS	when reinstating)	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
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AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	Signature, typed or printed name of registered ag OFFICERS A P WISMER, DAVID C 23440 JANICE AVE. CHARLOTTE HARBOR FL	ations of, Section 607.0505, Flor ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIP 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	LE ME REET AI	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

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 chapsed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

**IGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP