

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

FILED

**Jun 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088653 (6)
 1. Corporation Name
DIVERSIFIED INVESTMENTS INC. OF JACKSONVILLE



Principal Place of Business 3509 SOUTEL DRIVE JACKSONVILLE FL 32208	Mailing Address 3509 SOUTEL DRIVE JACKSONVILLE FL 32208-1364
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3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last Report 10/28/1996
4. FEI Number 59-3401327	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4869 Soutel Drive	2a. Mailing Address 26 3509 Soutel Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Jacksonville, FLA	28 City & State Jacksonville FLA
24 Zip 32208	25 Country DUAL
29 Zip 32208	30 Country DUAL

9. Name and Address of Current Registered Agent
**ALLEN, BERNARD
3509 SOUTEL DRIVE
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent
 81 Name **SAME**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (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	President	<input type="checkbox"/> DELETE
NAME	Bernard Allen	
STREET ADDRESS	3509 Soutel Drive	
CITY-ST-ZIP	Jacksonville, FLA 32208	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Willie B. Jacobs	
STREET ADDRESS	10918 Pleasant Oaks Road South	
CITY-ST-ZIP	Jacksonville FLA 32226	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Anthony Woodham	
STREET ADDRESS	654 Woodbine Street	
CITY-ST-ZIP	Jacksonville, FLA 32206	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	James Wilson	
STREET ADDRESS	140 West 9th Street	
CITY-ST-ZIP	Jacksonville, FLA 32206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **BERNARD ALLEN** 6/11/97 904-764-0048

CFR2E034 (9/96)