

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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2. Principal Place of Business 21 4869 Soutel Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 3509 Soutel Drive Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last Report 10/28/1996
23 Jacksonville, FLA City & State 24 32208 Zip 25 Duval County	28 Jacksonville FLA City & State 29 32208 Zip 30 Duval County	4. FEI Number 59-3401327	Applied For 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			

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Allen	1.2 NAME	
STREET ADDRESS	Bernard Soutel Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	3509 Jacksonville, FLA 32208	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President Willie B. Jacobs	2.2 NAME	
STREET ADDRESS	10918 Pleasant Oaks Road South	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FLA 32226	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary Anthony Woodham	3.2 NAME	
STREET ADDRESS	654 Woodbine Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FLA 32206	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer James Wilson	4.2 NAME	
STREET ADDRESS	140 West 9th Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FLA 32206	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

CR2E034 (9/96)