

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

APPROVED  
AND  
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97 MAY -1 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094383

1. Corporation Name

DIVERSIFIED INTERNATIONAL, INC.

Principal Place of Business <del>7041 GRAND NATIONAL DRIVE</del> <del>SUITE 128D</del> <del>ORLANDO, FL 32819</del>	Mailing Address <del>7041 GRAND NATIONAL DRIVE</del> <del>SUITE 128D</del> <del>ORLANDO, FL 32819</del>
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3. Date Incorporated or Qualified 11/19/1996	3a. Date of Last Report N/A
4. FEI Number 59-3416613	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5164 WEST COLONIAL DR. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32808	2a. Mailing Address 26 P. O. BOX 580201 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32858	Country 30
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9. Name and Address of Current Registered Agent DYMOND, WILLIAM T., JR. 215 NORTH EOLA DRIVE ORLANDO, FL 32819	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 100002169ED1---7 -05/07/97--01071---0111 84 City ****165.00 ****165.00 FL 1851 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					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PATEL, KIRIN R.				
STREET ADDRESS	7041 GRAND NATIONAL DR., STE. 128D				
CITY-ST-ZIP	ORLANDO, FL 32819				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LAURIE, MARK G.				
STREET ADDRESS	1788 N. HIAWASSEE DR.				
CITY-ST-ZIP	ORLANDO, FL 32810				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	PATEL, KIRIN R.				
1.3 STREET ADDRESS	7742 APPLE TREE CIRCLE				
1.4 CITY-ST-ZIP	ORLANDO, FL 32819				
2.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	LAURIE, MARK G.				
2.3 STREET ADDRESS	1788 N. HIAWASSEE DR.				
2.4 CITY-ST-ZIP	ORLANDO, FL 32810				
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:  4/30/97 407-578-6414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)