PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063945

1. Corporation Name

DIVERSO ENTERPRISES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90099 026 ***150.00



Principal Place	s of Dusinoes	Mailing Address			. SERVIER I JIR IRVI SRRI RRILL ADVIS BULLI DEI		
		•	4000				
1800 WASHINGTON ROAD 3800 WASHINGTON ROAD #1 © 320 VALLETTE WAY WEST PALM BEACH FL 33409							
∮ @ 320 VALLETTE WAY WEST PALM BEACH FL 3340:			i)		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualifed		
03					07/22/1997		
		-T			4. FEI Number		-lind For
2. Principal Place of Business 21 319 BECYEDERE ROAD - 26 26						<u> </u>	plied For
		[26]			65-0775664		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22 Suite 2A 27		27			3. 0011111111111111111111111111111111111	Fee Re	equired
City & State		City & State		6. Election Campaign Financing	on Campaign Financing \$5.00 May Be		
23 WEST PARM BENCH, FL.		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24 3340	S 25 () S-E)	29	30		Personal Property Tax.	Yes	XNo !
24, -0 .	9. Name and Address of Current	4734	-		10. Name and Address of New Registers	ad Agent	
	5. Hallie alla Address of Current	- Translation of Age	81	Name	19		
KIIN	E, CHARLES ESQ.		L.,	· · ·	·		
· · · · · · · · · · · · · · · · · · ·			82	Street /	Address (P.O. Box Number is Not Acceptable)		
831 N. DIXIE HWY.				<u> </u>	**************************************		
. LAKE	E WORTH FL 33460		83				ļ
}	•		84	Cit.	<u> </u>	. 85 Zip	Code
			84	City	F	L 53 25	1000
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	s, the abov	e-named	corporation submits this statement for the purpose	of changing its	registered
l office or n	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	the corpo	pration's board of directors. I hereby accept the app	pointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	3.			
SIGNATURE					· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent			nt signature n	equired when reinstating) DATE	AND DIDEOTO	NDC IN 40
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
						Change	□ Addition I
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NAME	P Christopherson, Eugene	☐ DELETE	1.1 TITLE 1.2 NAME			☐ Change	☐ Addition
f	· .	-	1.2 NAME	T ADDRESS		☐ Change	☐ Addition (
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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 12 or Block 13 if changed, from an attachment with an address, with all other like empowered.