**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000087094

DIVERSIFIED RESOURCES INTERNATIONAL, INC.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90046 014 \*\*\*150.00



Principal Place	e of Business	Mailing Address		}			
419 RIVERVIEW LANE MELBOURNE BEACH FL 32951		419 RIVERVIEW LANE		}			
		MELBOURNE BEACH FL 32951		DO NOT WRITE IN THIS SPACE			
~				3. Date incorporated o			~ <del>~ ~ ~ ~</del>
				10/08/1997	- Qualifor		
<u> </u>		2a. Mailing Address		4. FEI Number		TAn	plied For
	ace of Business		E. IN THE 18 P.	I "			t Applicable
1 3666 .			EN ROO IN KI	59-3480632		\$8.75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			
/ /0:		27 /022		<del></del>			<del></del> -
City & State		City & State	but as last his a	6. Election Campaign	- ) )	\$5.00	-
	KWATER FLORIDA	28 CLEAR WATER		Trust Fund Contribu		Added t	o Fees
Zip	Country	Zip	Country	8. This corporation ow	•		<u>ਕ</u> ੀ
- <u>3376</u>		29 3-3 76 30	PINELLAS	Personal Property T			<b>12</b> 140
	9. Name and Address of Current	Registered Agent		10. Name and Address	of New Registered	Agent	
OU.	NO KAN O		81 Name	HANG, KAN.	$\sim$		
	NG, KAN C		82 Street Add	ress (P.Q. Box Number is N	ot Acceptable)		
	RIVERVIEW LANE		2666	N MCMULLEN	BOOTH Pa	· 	
MEL	BOURNE BEACH FL 32951		83 APT # 10	. 3 -			
			<del> -  - '</del>			85 Zip (	ode
			84 City	<b>EWATER</b>	Fl		761
11 Purcuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutes	the above-named corr	oration submits this statem	ent for the purpose of	f changing its	registered
öffice or re	egistered agent or both in the State of	f Florida. Such change was auth	orized by the corporati	on's board of directors. The	reby accept the appo	intment as re	gistered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	-			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agent signature require	d when reinstation)	DATE		
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	RS IN 12
' <u>-</u>	0	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
- 1	CHANG, KAN C	<del>_</del>	1.2 NAME				
		i	1.3 STREET ADDRESS				
1 ADDRESS	419 RIVERVIEW LANE	i	ŀ				
··· st-zip	MELBOURNE BEACH FL 32951	□ nelete	1.4 CITY-ST-ZIP	<del>-</del>		Change	Addition
-	D	☐ DELETE	2.1 TITLE				
- }	CHANG, CELINA		2.2 NAME				
I ADDRESS	419 RIVERVIEW LANE		2.3 STREET ADDRESS				
ST ZIP	MELBOURNE BEACH FL 32951		2.4 CITY-ST-ZIP				
		☐ DELETE	3.1 TITLE			☐ Change	Addition
ì			3.2 NAME		•		
: ADDRESS			3.3 STREET ADDRESS			_	
. ST ZIP			3.4. CITY-ST-ZIP			· 	
		☐ DELETE	4.1 T/TLE			☐ Change	Addition
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et zip	<del></del>	DELETE	4.4 CITY- ST-ZIP 5.1 TITLE	<del></del>		Change	Addition
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-			5.3 STREET ADDRESS				
I ADDRESS			)				
ST-ZIP			5.4 CITY-ST-ZIP	- <del></del>			□ Addition
		☐ DELETE	6.1 TITLE			Change	Addition
}	}		6.2 NAME				
.1 ADDRESS			6.3 STREET ADDRESS				
O* 710			6.4 CITY-ST-ZIP				

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

MATURE: