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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000100885

1. Corporation Name

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90071 004 \*\*\*150.00

TOTAL D	DIVERSION, INC.					
Principal Place	e of Business	Mailing Address			* INBIINOT (IN IEII) (BUTT BUTT A	Bill Bolfft libit mårti åblik i farmt inski milt inny
2317 N.W. 67TH STREET BOCA RATON FL 33496  2317 N.W. 67TH STREET BOCA RATON FL 33496					DO NOT WR	ITE IN THIS SPACE
					3. Date Incorporated or Qualifed	
					11/25/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26 21301 POWER	ine Ad.		65-0808002	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27 305			3, Cormedia or Sizing Booked	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	□ \$5.00 May Be
23		28 BOCA RATE	n pl		Trust Fund Contribution	Added to Fees
Zip	Country	Zip		untry	g. This corporation owes the cur	
24	25	29 33433	30	Palm Beach	Personal Property Tax.	Yes MS
	9. Name and Address of Curren	t Registered Agent		ļ	10. Name and Address of New	Registered Agent
Garropway, Philip T 2317 N.W. 67TH Street Boca Raton FL 33496				81 Name 82 Street A 83	Thill T. Garron Address (P.O. Box Number is Not Accept 21301 fowerfax Rd. Ste	table)
				84 City	BOCA Laton	FL 85 Zip Code 73433
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wa	as authorize	d by the corpo	corporation submits this statement for the ration's board of directors. I hereby acce	epurpose of changing its registered
SIGNATURE			OTE B later		quired when reinstating)	((27(19)
	Signature, typed or printed name of registered ager	nt and title if applicable. (F		<del></del>		FFICERS AND DIRECTORS IN 12
12.	D OFFICERS AIN	DELETE	13.		<b>D</b>	Change Addition
TITLE	\ <b>-</b>	_ 022012	4	IAME	JASON C. Scher 21301 Powerline Rd. Std	_ , _
NAME GARROWAY, PHILIP T					- 121 Paverline Rd. Std.	305
STREET ADDRESS				TREET ADDRESS	8-A 401 - 01 724	72
CITY-ST-ZIP	BOCA RATON FL 33496	□ DELETT		ITY-ST-ZIP	BOCA-RATEN, PL 334	☐ Change ☐ Addition
TITLE	•	☐ DELETE				
NAME	」		2.2 N			1
STREET ADDRESS			2.3 \$	TREET ADDRESS		ĺ
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 T	TITLE		☐ Change ☐ Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 S	TREET ADDRESS		1
CITY-ST-ZIP			3.4. 0	CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 T	TILE )		☐ Change ☐ Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 \$	TREET ADDRESS		
CITY-ST-ZIP			440	CITY-ST-ZIP		
		☐ DELETE				. Change Addition
TITLE			5.2 N	IAME		, , , , , ,
			5.3 S	TREET ADDRESS		)
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NAME STREET ADDRESS			5.4 0	CITY-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	6.1 7	CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	6.1 T	CITY-ST-ZIP TILE IAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	6.1 T 6.2 N 6.3 S	TITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR