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 # P97000108355

1. Corporation Name

DIVERSIFIED MARKETING, INC.

Principal Place of Business

Mailing Address

6344 RALEIGH STREET #1112 ORI ANDO FL 32835

6344 RALEIGH STREET #1112 ORLANDO FL 32835

FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90003 004 ***150.00



ORDANDO 12 3200				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					01/01/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4 FEI Number	App	plied For	
	LO RALEIGH ST	632	.O RA	18164	55. 59-3486650	Not	t Applicable	
	6320 RACEIGH ST 26 6320 R Suite, Apt. #, etc. #60				5 Outlies to at Status Desired	\$8.75 A	dditional	
22 #602 27 #60			601	-	5. Certifcate of Status Desired	Fee Red	quired	
City & State City & State A City & State			200	6. Election Campaign Financing \$5.00 May Be			May Be	
23			,		Trust Fund Contribution	Added to	3 Fees	
Zip Country Zip 2 A Q Cou			Country	/ \	8. This corporation owes the current year Inte	ingible	_ /	
24 31835 25 ORANGE 29 32531 30			5	Country ORMULE 8. This corporation owes the current year Intangible Personal Property Tax. Yes				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81 Name				
BAXTER, RICHARD D				82 Street Address (P.O. Box Number is Not Acceptable)				
5405 DIPLOMAT CIRCLE				Street A	dutess (F.O. Box Number is Not Acceptable)			
SUITE 201								
ORLANDO FL 32810			<u> </u>	ļ		11		
			84	City	FL	85 Zip C	ode	
4. D								
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Olgitation, typed of printed filation - 1-5			13.	in aignature roc	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	0	☐ DELETE	1.1 TITLE			□_@hange	☐ Addition	
NAME	SHEPHERD, GEORGE P		12 NAME		GEORGE SHIPHERD 63 LO RALEIGH ST. #1	Adress	,	
AND A STOLL OFFICE HARAGE			13 STREE	T ADDRESS	63LO RALEIGH ST. #6	502		
STREET ADDRESS	ORLANDO FL 32835		1.4 CITY-5	1	ORLANDO FI 32835			
CITY-ST-ZIP	URLANDO PL 32833		2.1 TITLE	31-21		☐ Change	Addition	
1 1			2.2 NAME	į				
NAME				T ADDRESS				
STREET ADDRESS		•						
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	SI-ZIP		Change	Addition	
THILE		□ DECE IE	t					
NAME			32 NAME	- 1				
STREET ADDRESS			3.3 STREE	T ADDRESS			,	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				1	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME	.				
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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:

CHEORGE

CR2E034 (11/98)