## 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 #

1. Corporation Name

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90025 044 \*\*\*150.00

DIVERSI	FIED INDUSTRIES GROUP	, INC.									
Principal Plac	e of Business	Mailing Add						(	<b>11</b> (11 <b>16</b> 11) <b>11</b> (11 <b>1</b>		
·		•					Ì				
1304 SUNSET BLVD. SUITE A P O BOX 2571 DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32115								DO NOT M	RITE IN THIS	CDACE	
								Date Incorporated or Qualit	_	<u> SPACE</u>	
								*	eu		
	N	a stailing	Address					<b>)1/22/1998</b> FEI Number	_		Applied For
<del>-</del>	Place of Business	2a. Mailing	Address				"			<b>├</b> ─ <del>├</del>	ot Applicable
21		26	mt # ntn					<u>59-349-69-82</u>	<u>'</u>		Additional
Suite, Apt.	#, etc.		pt. #, etc.				5. (	Certifcate of Status Desired			Required
City & Stat		27 City & S	State					Election Campaign Financi		\$5.00	May Be
23		28			٠			Trust Fund Contribution	'9 - · 🗔 '		to Fees
Zip	Country	Zip		Cou	intry		R	This corporation owes the	urrent vear Inta	angible	
24	25	29	Г	30	•			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre			,	Г			Name and Address of Ne	w Registered	Agent	
					81	Name					
COL	LINS, ANTONELLO M				82	Ctroot :	Address (D)	O. Box Number is Not Acc	entable)		
	SUNSET BLVD, SUITE A				04	Suee( /	nuuless (P.	O. DOX NUMBER IS INCL ACC	planty		
DAY	TONA BEACH FL 32117				83			· · · · · · · · · · · · · · · · · · ·			
						•				last 7tm	Code
-					84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508,	Florida Statute	s, the a	bove	-named	corporation	submits this statement for	he purpose of	changing i	ts registered
1 office or i	registered agent, or both, in the State am familiar with, and accept the oblig	le of Florida. Such (	change was au	ıtnonzed	ועם כ	ine corpo	oration's boa	ard of directors. I hereby ac	cept the appoi	ntment as i	registered
j agent. i a	am tamıllar with, and accept the oblig	jations of, Section	007.0305, 1 106	ida Siai	uiçə.						
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE:	Registered	1 Agent	t signature re	equired when rei	instating)	DATE		<del></del>
12.		AND DIRECTORS	·	13.			А	DDITIONS/CHANGES TO	OFFICERS AN	D DIRECT	ORS IN 12
TITLE			☐ DELETE	1.1 11	TLE		C/P		<u> </u>	Change	Addition
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CITY-ST-ZIP				1		1	1 2 2 4	G	Davt	ona F	
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NAME			DELETE	1.4 C 2.1 TI	_	-ZIP	1304	Sunset Blv	a. Dayt	ona I	e ☐ Addition
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			☐ DELETE	2.1 TI 2.2 N	MLE AME	ADDRESS	1304	Sunset Blve	a. Dayt	ona I	
			☐ DELETE	2.1 TI 2.2 N 2.3 S	TLE AME TREET	ADDRESS	1304	Sunset Blvo	a. Dayt	ona I	
CITY-ST-ZIP			☐ DELETE	2.1 TI 2.2 N 2.3 S	ITLE AME TREET	ADDRESS	1304	Sunset Blv	a. Dayt	ona I	e ☐ 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 chapted, of or an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE REQUIRED IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 March 1999 904 226 0110