

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90003 003 ***150.00

DOCUMENT #

1. Corporation Name

JPA DIVERSIFIED, INC

Principal Place of Business

Mailing Address

ELECTRONICS SALES 9017 NW 20 MANOR
CORAL SPRINGS FL
33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/5/98

2. Principal Place of Business

2a. Mailing Address

21 9017 NW 20 MANOR

26 9017 NW 20 MANOR

4. FEI Number

650840261

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 CORAL SPRINGS FL

28 CORAL SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33071 25 BROWARD

29 33071 30 BROWARD

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael MEISLER
2417 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

81 Name Edward Vitoulis

82 Street Address (P.O. Box Number is Not Acceptable)

726 NW 84 Lane

83 CORAL SPRINGS, FL

84 City

FL

85 Zip Code 33091

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Edward Vitoulis

4/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Peter J. CODELLA SR. ☐ DELETE
NAME PRESIDENT
STREET ADDRESS 9017 NW 20 MANOR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP FIANCE ☐ DELETE
NAME JUDY L. CODELLA
STREET ADDRESS 9017 NW 20 MANOR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP SALES ☐ DELETE
NAME Peter J. CODELLA JR.
STREET ADDRESS 9017 NW 20 MANOR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Peter J. Codeella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 954-753-1374

Date

Daytime Phone #

CR2E034 (11/98)