

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90074 035 ***150.00

DOCUMENT # P98000026752

1. Corporation Name
DIVERSEWEBS, INC.



Principal Place of Business
1020 CRYSTAL LAKE DRIVE
POMPANO BEACH FL 33064

Mailing Address
1020 CRYSTAL LAKE DRIVE
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

65-0821553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 3221 SW 4TH STREET

Suite, Apt. #, etc.

22

City & State

23 DEERFIELD BCH, FL.

Zip

24 33442

Country

25 DEERFIELD

26

City & State

27 DEERFIELD

Zip

28 33442

Country

29 DEERFIELD

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City & State

31 DEERFIELD

Zip

32 33442

Country

33 DEERFIELD

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City & State

35 DEERFIELD

Zip

36 33442

Country

37 DEERFIELD

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City & State

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City & State

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City & State

43 DEERFIELD

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City & State

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City & State

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City & State

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City & State

51 DEERFIELD

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City & State

10. Name and Address of New Registered Agent

81 Name

Guimond, Eric Paul

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

3221 SW 4TH STREET

83

84

DEERFIELD BCH

FL

85 Zip Code

33442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD
NAME GUIMOND, ERIC PAUL
STREET ADDRESS 1020 CRYSTAL LAKE DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD
1.2 NAME Guimond, ERIC PAUL
1.3 STREET ADDRESS 1020 CRYSTAL LAKE DRIVE
1.4 CITY-ST-ZIP POMPANO BEACH FL 33064

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/99 954-360-7891

Date

Daytime Phone #

CR2E034 (11/98)

0160161