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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087874
1. Corporation Name
DIVERSIFIED DEVELOPMENT GROUP, INC.

Principal Place of Business: 1489 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33486
Mailing Address: 1489 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33486

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Principal Place of Business		2a. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State			
City & State		City & State		Zip		Zip		Country	
Country		Country							

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1998

4. FEI Number: 65-0869650
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

9. Name and Address of Current Registered Agent
BENES, EDGAR
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D <input type="checkbox"/> DELETE	DEANTO, BARRY S 1489 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> DELETE	HENRY, THOMAS S III 1489 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input checked="" type="checkbox"/> DELETE	FINE, CLIFFORD 1489 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ DATE: 1/7/99 DAYTIME PHONE # 561-361-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)