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 21, 1999 8:00 am Secretary of State

04-21-1999 90074 002 ***150.00

DOCUMENT # P98000100588

DIVERSIF	TED MANAGEMENT SOLUTION	ONS, INC.								
Principal Place	e of Business	Mailing Address				- * 100 \$100 \$1 140 \$019 \$ 10\$11 00\$11 00\$11 \$10\$10 \$10			8101 (Bil 1881	
13265 NORTH 41ST LANE 13265 NORTH 41ST LANE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411										
HOTAL PALM BEACH PL 33411 HOTAL PALM BEACH PL 33411						DO NOT WRITE IN THIS SPACE				
}					:	3. Date Incorporated or Qualifed				}
		•				12/03/1998				
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21		26				45-0881238		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				=E=Cortifosto of Status Desired	feate of Status Desired \$8.75 Additional			=
22		27				5-Certificate of Status Desired Fee Required				
City & State City & State						6. Election Campaign Financing			May Be	
23 28						Trust Fund Contribution		Added	to Fees	-
Zip				ry		8. This corporation owes the current year	 /			ļ
24	25	<u> </u>	10			Personal Property Tax.	<u> </u>		□No	-
	9. Name and Address of Current	Registered Agent	8	1 Name		10. Name and Address of New Register	ad Agen	<u>t</u>	, , , , , , , , , , , , , , , , , , , 	\mathbf{I}
TDAM	ACK DOLIGIAS D		ľ	I Name						
TRAWICK, DOUGLAS R 13265 NORTH 41ST LANE			8	82 Street Address (P.O. Box Number is Not Acceptable)						1
	L PALM BEACH FL 33411		8							-
}	E.I. FEM DETOTT I E GOTT		10	3						
			8	4 City			85	Zip	Code]
		1007 1500 51 11 01-11						- 'yo	rosistared	{
office or r	egistered agent, or both, in the State of	f Florida. Such change was aut	horized b	y the corp	oration	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointmer	nt as re	gistered	
agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	3 S.						
										l
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Ac	ent signature	required v	when reinstating) DATE			*	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		tegistered Ag	ent signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DII	RECTO	ORS IN 12	í
12.					required v	,		RECTO	DRS IN 12	100,44
12. TITLE	OFFICERS AND	DIRECTORS	13.		required v	,				744,000
12. TITLE	OFFICERS AND D TRAWICK, DOUGLAS R	DIRECTORS	13. 1.1 TITLE 1.2 NAME			,				7007 744,000
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/99 792-4020 Date Dayime Phone #