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 # P98000101848

Principal Place of Business	Mailing Address
125 15TH AVENUE N.E.	125 15TH AVENUE N.E.
ST. PETERSBURG FL 33704	St. Petersburg FL 33704

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90051 046 ***150.00

, Diverson	FIED SOLUTIONS, INC.						12101 11 001 1011 1	1834 1841 1886
Principal Plac	ce of Business	Mailing Address						1881 1811 I V 81
125 15TH AVENI ST. PETERSBUR		125 15TH AVENUE N.E. St. Petersburg FL 33	1704			DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed		
						12/08/1998		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	A	plied For
21	<u> </u>	26		_		59-3544928		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Ir		ا يد
24	25	29	30			Personal Property Tax.	Yes	XNo
	9. Name and Address of Currer	t Registered Agent		81	Mana	10. Name and Address of New Registered	Agent	
DDAT	THER, LAURA E			81	Name			
	E. KENNEDY BLVD.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E 2700 BARNETT PLAZA			83				
	PA FL 33602			83				
17till	A 1 2 00002			84	City	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, th	e above	-named corpo	oration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wattons of, Section 607.0505.	s author Florida S	ized by i Statutes.	tne corporatio	n's board of directors. I hereby accept the appo	as re	rgistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (f	_		t signature required			
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIKECT	
TITLE								
	D	DELETE		1.1 TITLE			Change	Addition
NAME	PRATHER, LAURA E		1	1.2 NAME				
	Prather, Laura e 125 15th Avenue N.E.		1	1.2 NAME 1.3 STREET				
STREET ADDRESS CITY-ST-ZIP	PRATHER, LAURA E	☐ DELETE	1	1.2 NAME 1.3 STREET 1.4 CITY-ST			☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRATHER, LAURA E 125 15TH AVENUE N.E. ST. PETERSBURG FL 33704	☐ DELETE	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	r-ZIP		☐ Change	☐ Addition
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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 or an attachment with an express, with all other like empowered.

SIGNATURE: