

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 PM 12:30

**DOCUMENT # S13879 (9)**

1. Corporation Name  
**DIVERSE DESIGNS, INC.**

Principal Place of Business  
**1272 CONE AVENUE NE  
PALM BAY FL 32907**

Meeting Address  
**1272 CONE AVENUE NE  
PALM BAY FL 32907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1990** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-3037227** 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 has liability for intangible tax under S. 190.035 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Meeting Address  
21. State Apt # etc 26. State Apt # etc

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

**9. Name and Address of Current Registered Agent**

**DYER, DAVID W.  
201 N. RIVERSIDE DRIVE  
INDIALANTIC FL 32903**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

(Signature of Agent (if different from registered agent) or (if applicable)

(Signature of Registered Agent (if different from registered agent))

(Date)

**12. OFFICERS AND DIRECTORS**

12.1 NAME	<b>P DIMBERO, LEA</b>
12.2 STREET ADDRESS	<b>1272 CONE AVENUE NE</b>
12.3 CITY, ST, ZIP	<b>PALM BAY FL</b>
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and is true and valid, for the exemptions stated in Sections 190.035, Florida Statutes. I further certify that the information contained in 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 each officer or director of this corporation or the members of bodies responsible to review this report as required by Florida Statutes, and that my name appears in Block 12 of this report, or is an attachment with an address.

SIGNATURE:

*Lea Dimbero*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**LEA DIMBERO**

1/11/95

407-676-1413