FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 24, 2002 8:00 am Secretary of State

DOCUMENT # 5574					07-24-2002 90133 043 ***150.00			
DIWACS INVESTMENTS, INC								
					a			
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business 3. Mailing Address 8710 LAKE DASHA TERR 8710 LAKE DASHA TE				R				
Suite, Apt. #, etc. Suite, Apt. #, etc.			101111	DO NOT WRITE IN THIS SPA			Ε	
City & State PLANTATION, FL City & State PLANTATION,			FL	4.	4. FEI Number Applied For Not Applied Sor			
Zip 33324	Zip Country Zip BROWARD 33324 E			5.~	-5Certificate of Status Desired - \$8.75 Additional Fee Required			
		<u> </u>		7. Na	me and Address of Current			
DO NOT WRITE Name DIANE W. Street Address of					ACKS			
1.				treet Address (P.O. Box Number is Not Acceptable) 710 LAKE DASHA TERRACE				
l de la companya de l	IN THIS SP							
			City PLANT	TATIOI	V	FL Zip	Code 3324	
8. The abov	e named entity submits this statemen	nt for the purpose of changin	g its registered offic	ce or registe	red agent, or both, in the Stat	e of Florida.	5524	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. This corp	oration is eligible to satisfy its Intangil	griature required when reinstating)		ATE				
Tax filing requirement and elects to do so. Amended UBR is \$550.00 Amended UBR is \$61.25					 Election Campaign Fir Trust Fund Contribution 		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Payab	le to Department o	of State		···		
TITLE	PRESIDENT		TITLE		<u> </u>			
NAME STREET ADDRESS	DIANE WACKS 8710 LAKE DASHA	NAME			-	CR2E034B (12/01		
CITY - ST - ZIP	PLANTATION, FL	STREET ADDRESS CITY - ST - ZIP				0345		
TITLE	SECRETARY		TITLE	-				
NAME STREET ADDRESS	DAVID M. KRUZEL	NAME STREET ADDRESS				Ö		
CITY - ST - ZIP	COOPER CITY, FL	CITY - ST - ZIP						
TITLE NAME -			TITLE			- "-		
STREET ADDRESS			NAME STREET ADDRESS					
C/TY - ST - ZIP			CITY - ST - ZIP		DO NOT V	VRITE		
TITLE Name			TITLE NAME		IN THIS S	PACE		
STREET ADDRESS			STREET ADDRESS			`		
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NAME			TITLE NAME					
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NAME .			NAME					
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption stated in Section 110 07/20/3 State of the exemption 110 07/20/3 State of th								
information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date								
	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OF	FICER OR DIRECTOR	R	Date	Daytime Phone		

Attachmants #122707

July 19, 2002

Division of Corporations Uniform Business Report PO Box 1500 Tallahassee, FL 32302

Re: Diwacs Investments, Inc.

To Whom It May Concern:

Enclosed is the 2002 Uniform Business Report. I am requesting that the late filing penalty be abated for the following reason. I have always filed this form on time. When I asked my bookkeeper if the payments to the State were made I was told they were. Unfortunately the bookkeeper thought I meant the intangible tax return. The bookkeeper stated that she never received the Uniform Business Report.

Please accept the enclosed payment.

This will not happen again.

Thanking you in advance for your consideration regarding this matter.

Sincerely,

Edward A. Wacks