

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:10

DOCUMENT # S43227 (5)

1. Corporation Name

DIVERSIFIED TECHNOLOGY INTERNATIONAL, INC.

Principal Place of Business

771 KIRKMAN RD
STE 120
ORLANDO FL 32811
US

Mailing Address

771 KIRKMAN RD
STE 120
ORLANDO FL 32811
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/04/1991

3a. Date of Last Report

07/18/1994

4. FEI Number

59-3058069

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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, WARREN E.
20 W CENTRAL BLVD
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81

Name

Annette Hudson

82

Street Address (P.O. Box Number is Not Acceptable)

7832 Pine Haven Ct.

83

84

City

Orlando

FL

85

Zip Code

32819

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

Annette Hudson

Annette Hudson

(NOTE: Registered Agent signature required when re-registering)

DATE

6/8/95

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

HUDSON, ANNETTE

STREET ADDRESS

6001 SAND PINES ESTATES

CITY, ST, ZIP

ORLANDO FL

TITLE

ST

NAME

HUDSON, ANNETTE

STREET ADDRESS

6001 SAND PINES ESTATES

CITY, ST, ZIP

ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

7832 Pine Haven Ct
ORLANDO, FL 32819

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

7832 Pine Haven Ct
ORLANDO, FL 32819

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE:

Annette B. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

(407) 297-7730