

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S74072

1. Corporation Name

ASPEN DIVERSIFIED INVESTMENTS, INC.

Principal Place of Business
**222 S. Westmonte Dr.
#204
Altamonte Springs, FL
32714**

Mailing Address
~~222 S. Westmonte Dr.~~
~~#204~~
~~Altamonte Springs, FL~~
~~32714~~

3. Date Incorporated or Qualified **08/19/1991** 3a. Date of Last Report **04/17/95**

2. Principal Place of Business

2a. Mailing Address
2b c/o P.O. Box 2809

4. FEI Number **59-3089511** Applied For ☐ Not Applicable ☐

21. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

City & State
Orlando, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip
32802-2809

Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KARLAN, ERIC J.~~
~~1110 BRICKELL AVE~~
~~SUITE 1200~~
~~MIAMI, FL 33131~~

81. Name
MANOR, TIMOTHY J.

82. Street Address (P.O. Box Number is Not Acceptable)
215 N. EOLA DRIVE

83.

84. City **ORLANDO, FL** 85. Zip Code **32801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
EDWARDS, FRED C.
222 S. WESTMONTE DR. #204
ALTAMONTE SPRINGS, FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1 TITLE
2. 2 NAME
3. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

☐ Change ☐ Addition

2. 1 TITLE
2. 2 NAME
3. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

☐ Change ☐ Addition

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

**700001828687
-05/20/96--01032--021
***200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 788-3177

05-01-96