

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S93389</b> (2) 1. Corporation Name <b>DIVERSIFIED INDUSTRIES, INC.</b>			
Principal Place of Business <b>1628 NW 90TH WAY PEMBROKE PINES FL 33024 US</b>		Mailing Address <b>1628 NW 90TH WAY PEMBROKE PINES FL 33024 US</b>	
2. Principal Place of Business 21 <b>1304 S.W. 160th AVE.</b> Suite, Apt. #, etc 22 <b>639</b> City & State 23 <b>SUNRISE, FLA.</b> Zip 24 <b>33326</b>		2a. Mailing Address 26 <b>1304 S.W. 160th AVE.</b> Suite, Apt. #, etc 27 <b>639</b> City & State 28 <b>SUNRISE, FLA.</b> Zip 29 <b>33326</b> Country 30 <b>US</b>	
3. Date Incorporated or Qualified <b>11/12/1991</b>		3a. Date of Last Report <b>04/27/1995</b>	
4. FEI Number <b>65-0298669</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>PICERNO, ANGELA 1628 NW 90TH WAY PEMBROKE PINES FL 33024</b>		10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1304 S.W. 160th AVE.</b> 83 84 City <b>SUNRISE</b> FL 85 Zip Code <b>33326</b>	
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 <b>ANGELA PICERNO</b> (NOTE: Registered Agent signature required when re-registering) Signature typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS 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 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <b>Richard A. Picerno</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>7-15-96</b> (954) 389-0950 Day Phone	



CR2E034 (3/96)