FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$93389

(2)

DIVERSIFIED INDUSTRIES, INC.

Principal Place 1304 SW 160Th SUITE 639 SUNRISE FL 33 US	H AVE	Mailing Address 1304 SW 160TH AVE SUITE 639 SUNRISE FL 33326-190 US	1304 SW 160TH AVE SUITE 639 SUNRISE FL 33326-1802			3. Date Incorporated or Qualified 3a. Date of Last Report			
						11/12/1991		3/1996	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEt Number	· · · · · · · · · · · · · · · · · · ·		plied For
21	H. acto.	Suite, Apt. #, etc.				65-0298669			t Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired		Fee Re	Additional autred
City & State		City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Coi	untry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. This corporation has liability for int			. 199.032,
24	25	29	30				Yes 🗌		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Currer	nt Registered Agent		101		10. Name and Address of New Regi	stered A	jent	
	RNO, ANGELA			81	Name				
	SW 160TH AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)		
SUN	irise fl 33326			83		***************************************			
				83					1
				84	City	***************************************	FL	85 Zip (Code
SIGNATURE	Significant typing of proved have all registered ag	gent and little if applicable. (I	NOTE Registere	d Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND (BECTOR	IS IN 12
TITLE	D	DELETE	1.1 1	ITLE		1001101010101010101010101010101010101010		Change	Addition
NAME	PICERNO, RICHARD A.			AME			_		
STREET ADDRESS	1628 NW 90TH WAY		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		1	CITY-S	1	·)
TITLE	D	DELETE	21 T				Į.	Change	Addition
NAME	PICERNO, ANGELA	221		AME	.]	•			Ì
STREET ADDRESS	1628 NW 90TH WAY		2.3 \$	IREET	ADDRESS				. [
CITY - S1 - ZIP	PEMBROKE PINES FL		2.41	CITY-S	ST-ZIP	:			
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NAME			32 N	IAME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				ļ
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NAME				NAME					
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NAME !		المرازاد		IAME				primingo	radiian
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP			1	OTY-S	i i				l
TITLE		DELETE	611		LH			Change	Addition
NAME				NAME				-	\
STREET ADDRESS					ADDRESS				

6.40[IY-S1-ZIP

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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.