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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:29

DOCUMENT # S93550 (9)

1. Corporation Name

INVESTORS DIVERSIFIED PROPERTIES, INC.

Principal Place of Business	Mailing Address
12381 S. CLEVELAND AVE. SUITE 506 FT. MYERS FL 33907 US ATTN: Howard Freidin	12381 S. CLEVELAND AVE. SUITE 506 FT. MYERS FL 33907 US ATTN: Howard Freidin
2. Principal Place of Business 21 2245 McGregor Blvd	2a. Mailing Address 26 2245 McGregor Blvd
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip 24 33901 — Country 25 Lee	Zip 29 33901 — Country 30 Lee

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0307260 ☐ 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

9. Name and Address of Current Registered Agent

FREIDIN, HOWARD E
12381 S. CLEVELAND AVE.
SUITE 506
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: Howard Freidin
82 Street Address (P.O. Box Number is Not Acceptable): 2245 McGregor Blvd
83
84 City: Fort Myers FL 85 Zip Code: 33901

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	RAGAN, MICHAEL L	1.2 NAME	Michael L. Ragan
STREET ADDRESS	~~30 HIGHLAND CT.~~ 1205 PRIMROSE DR	1.3 STREET ADDRESS	1205 Primrose Dr.
CITY ST ZIP	~~CARROLLTON GA~~ Roswell, GA 30076	1.4 CITY ST ZIP	Roswell, GA 30076
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/22/95 404-663-0457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL L. RAGAN

0321817 CP