SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUI	MENT # V09177	7 (9)				
	DIVERSIFIED CONSTRUC	, ,				
LONDA	DIACHOILED CONOTHO	TOIO, INO.			A LABATE BAYATE BATTA TALBET PIRKT LABATE BARAY DERKY DER	11
Principal Place of Business Mailing Address					-	
2515 EAST HANNA AVE TAMPA FL 33610		P O BOX 9658 TAMPA 15 33674,9658	P O BOX 9658 TAMPA LF 33674-9658			
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/27/1992	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3103160 Not Applicat	116
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees]
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year intangible	
24 25		29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent	8.	1 Name	10. Name and Address of New Registered Agent	
JURADO, KEITH M.			Ľ			
2515 E HANNA AVE			82	2 Street Add	Idress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33610			8:	3		\dashv
						_
			84	6 City	FL 85 Zip Code	
11. Pursuant	to the provisions of sections 607.05	02 and 607.1508, Florida Statute	s, the above	a-named corp	poration submits this statement for the purpose of changing its registered	\neg
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was gations of, section 607.0505, Fl	authorized b orida Statute	y the corpora ss.	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE		•				
	Signature, typed or printed name of registered ag			Agent signature re	required when reInstalling) DATE	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	JURADO, KEITH M		1.2 NAME		L Change L Additi	on
STREET ADDRESS	2515 E HANNA AVE	i i		T ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-5			ļ
TITLE			2.1 TITLE		Change Additi	ion
NAME	HIMADA ADVATA		2.2 NAME		_ • • • •	-
STREET ADDRESS	2515 EAST HANNA AVE		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP			
TITLE	DELETE 3.1		3.1 TITLE		Change Additi	ion
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4 CITY-5 4.1 TITLE			
TITLE		L DELETE	4.1 THEE		Change Additi	on.
NAME expect annuese				ET ADDRESS		
STREET ADDRESS			4.4 CiTY-5			
CITY-ST-ZIP TITLE			5.1 TITLE		Change Additi	ion
NAME	C. Decerie		5.2 NAME	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	T1		5.4 CiTY-5	ST-ZIP		
TITLE			6.1 TITLE	- 1	Change Additi	ion
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-5			
14. I haraby or	iw heildaus acutemorial ear team vitre	nn mes meno doas not quality for t	ne exemptic	m stated in Se	section 119.07(3)(i). Florida Statutes. I further certify that the information	

indicated on this annual report or supplied with this ming does not quality for the exemption stated in section F19.07(3)(), Fiorida Statutes. I turner certify that the information indicated on this annual report or suppliemental agricult 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 register 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 chapted, or on an attrictment with an address.

FILED

Jul 08 1998 8:00am

Secretary of State