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

PROFIT CORPORATION ANNUAL REPORT

NUAL REPOR **1998**

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12572 (6)

DIVERSIFIED MANAGEMENT OF LEE COUNTY, INC.

Mailing Address

FILED Apr 07 1998 8:00am Secretary of State



1841 ORTIZ AVE FT MYERS FL 33905		PO BOX 50868 TICE FL 33994 US			DO NOT WRITE IN THIS S	SPACE	
					 Date Incorporated or Qualified 02/07/1992 		
Principal Place of Business 2a. Mail		. Mailing Address	Mailing Address		4. FEI Number	Applied For	
26					65-0323569	Not Applicable	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stato			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip Country			8. This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALSH, STEVEN B 2209 ARDEN ST FT MYERS FL 33907			81	Name	е		
			82	Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	FL	85 Zip Code	
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 typod or printed name of registered agent and title if applicable [NOTE: Registered Agent's greature required when reinstating) DATE						DIDECTOR ALLES	
2	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

DELETE Addition Change 1.1 TITLE WALSH, STEVEN B 1.2 NAME NAME 2209 ARDEN STREET STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33907 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WALSH, MARIA NAME 2.2 NAME 2209 ARDEN STREET STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL 33907 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THLE BELL, VERA A NAME 32 NAME 11950 HONEYSUCKEL ROAD STREET ADDRESS 3.3 STREET ADDRESS FT. MYERS FL 3392 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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.

CIONATURE.

Maria M

3-30-98