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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V71779

(5)

1. Corporation Name

DIVERSIFIED ADMINISTRATION, INC.

Principal Place of Business

1510 NE 162ND ST
N. MIAMI BEACH FL 33162-4798
US

Mailing Address

1510 NE 162ND ST
N. MIAMI BEACH FL 33162-4716
US

2. Principal Place of Business

21 3939 Hollywood Blvd.
Suite, Apt. #, etc.

22 3rd Floor

City & State

23 Hollywood, FL

Zip

24 33021

Country

25 USA

26. Mailing Address

26 3939 Hollywood Blvd.
Suite, Apt. #, etc.

27 3rd Floor

City & State

28 Hollywood, FL

Zip

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

BRADFORD, CARTER A.
512 E. WASHINGTON ST.
ORLANDO FL 32801

3. Date Incorporated or Qualified
10/13/1992

3a. Date of Last Report
01/22/1996

4. FEI Number
65-0362462

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

10. Name and Address of New Registered Agent

81 Name

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 of officer or director of the corporation and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SMITH, CHARLES S.
STREET ADDRESS
2981 STATE ROAD 434 WEST, #500
CITY - ST - ZIP
LONGWOOD FL

TITLE ☐ DELETE

NAME
MESSETT, TIMOTHY L.
STREET ADDRESS
1101 N. LK. DESTINY RD., STE. 200
CITY - ST - ZIP
MAITLAND FL

TITLE ☐ DELETE

NAME
LUSKIN, SUSAN P
STREET ADDRESS
1510 NE 162 ST
CITY - ST - ZIP
N. MIAMI BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 1997 954-983-9970

CR2E034 (9/96)