

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



1995

APPROVED AND FILED

03 MAY 10 11:10:35

DOCUMENT # J02376 (8)

DIVERSIFIED ENTERPRISES OF SOUTHWEST FLORIDA, IN C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2360 LINWOOD AVE
NAPLES FL 33962

2360 LINWOOD AVE
NAPLES FL 33962

3. Date of Registration	03/05/1986	3a. Date of Last Report	04/25/1994
4. Filing Office	59-2649205	Approved Fee	
5. Additional State Fees		Additional Fee Required	\$8.75
6. Election Campaign Financing		Added to Fees	\$5.00
7. True and Accurate Information	<input checked="" type="checkbox"/>	False	<input type="checkbox"/>

21. Name of Agent	26. 147 E. SHALLOWS DR.
22. Address	27. SALTA RIVA BEACH, FL
24. City	29. 32459

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
B1 Name	SYLVESTRE, PAUL J.	B1 Name	
B2 Street Address	7181 COLLEGE PARKWAY	B2 Street Address	
B3 City	SUITE 20	B3 City	
B4 State	FT. MYERS FL 33907	B4 State	FL

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned hereby certifies that the information furnished on this report is true and correct to the best of his or her knowledge and belief, and that the undersigned is duly qualified to act as an agent for the corporation named herein.

SIGNATURE: _____

12. NAME	13. ADDRESS	14. CITY	15. STATE
DP DEMUNICO, MICHAEL L. 4041 GULFSHORE, N.#411 NAPLES FL			
T DEMUNICO, KATHLEEN 4041 GULFSHORE BLVD. NO. 411 NAPLES FL 33940			

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate and correct, and that the undersigned is duly qualified to act as an agent for the corporation named herein.

SIGNATURE: *Kathleen Deminico*
KATHLEEN DEMINICO
5-3-95 904-231-5271

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APPROVED

ANNUAL REPORT
1995



REPUBLICAN PARTY OF FLORIDA
1000 N. GULF BLVD.
TALLAHASSEE, FL 32301

DOCUMENT # **J04198**

(4)

JERGEN SEYFRIED, INC.

55 MAY 1995
TALLAHASSEE, FL

4726 TRAYLOR AVE
SARASOTA FL 34234-5002

4726 TRAYLOR AVE
SARASOTA FL 34234-5002

PLEASE PRINT CLEARLY AND IN FULL

3. Date of Incorporation		3a. Date of Last Report	
03/17/1986		04/29/1994	
4. FID Number		Agent for	
59-2632751		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under 19 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEYFRIED, JERGEN 4726 TRAYLOR AVE. SARASOTA FL 33580				B1. Name			
				B2. Street Address, P.O. Box Number, if applicable			
				B3. City			
				B4. State FL B5. Zip Code			

11. I, the undersigned, declare that the above named corporation complies with the provisions of the provisions of Chapter 19, Florida Statutes, and that the corporation has no other registered agents in Florida.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
DP SEYFRIED, JERGEN 4726 TRAYLOR AVE SARASOTA FL			
D CILLO, FRANK 4726 TRAYLOR AVE SARASOTA FL			

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and true and correct for the jurisdiction stated on this form. I am a resident of the State of Florida. 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 the undersigned is a director of this corporation or the treasurer or another person authorized to execute the report as required by Chapter 19, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or a supplemental report with an address.

SIGNATURE: *Frank P. Cillo*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 873-355-1948