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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 707538 (5)
1. Corporation Name
DIAMONDHEAD, INC., A CONDOMINIUM



Principal Place of Business Mailing Address
1057 A-1-A HIGHWAY HILLSBORO BEACH FL 33062 1057 A-1-A HIGHWAY HILLSBORO BEACH FL 33062-2135

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1964		3a. Date of Last Report 03/04/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1112185		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
~~ROBERT JOHN~~ Thompson, Bob
1057 HILLSBORO MILE 722 314
HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name Bob Thompson
82 Street Address (P.O. Box Number is Not Acceptable) 1057 Hillsboro mile #314
83 Hillsboro Beach
84 City Hillsboro Beach FL 85 Zip Code 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert Thompson* *Bob Thompson, President 4/3/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>P Robert Thompson</i> <input checked="" type="checkbox"/> DELETE
NAME	ROBERT JOHN
STREET ADDRESS	1057 HILLSBORO MILE 722
CITY-ST-ZIP	HILLSBORO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, DR. JOHN
STREET ADDRESS	1057 HILLSBORO MILE 622
CITY-ST-ZIP	HILLSBORO BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	FALGUTO, VALEREE
STREET ADDRESS	1057 HILLSBORO MILE 822
CITY-ST-ZIP	HILLSBORO BCH FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CIONCA, GEORGE
STREET ADDRESS	1057 HILLSBORO MILE 413
CITY-ST-ZIP	HILLSBORO BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DIMATTINA, JOE
STREET ADDRESS	1057 HILLSBORO MILE 613
CITY-ST-ZIP	HILLSBORO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEIDEMANN, PAUL
STREET ADDRESS	1057 HILLSBORO MILE 322
CITY-ST-ZIP	HILLSBORO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob Thompson
1.3 STREET ADDRESS	1057 Hillsboro mile #314
1.4 CITY-ST-ZIP	Hillsboro Bch, Fl. 33062
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosemary Whalen
2.3 STREET ADDRESS	1057 Hillsboro mile #121
2.4 CITY-ST-ZIP	Hillsboro Bch, Fl. 33062
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brooke Morrison
3.3 STREET ADDRESS	1057 Hillsboro mile #824
3.4 CITY-ST-ZIP	Hillsboro Bch, Fl. 33062
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chris Bransfield
4.3 STREET ADDRESS	1057 Hillsboro mile #914
4.4 CITY-ST-ZIP	Hillsboro Bch, Fl. 33062
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lou Basso
5.3 STREET ADDRESS	1057 Hillsboro mile #623
5.4 CITY-ST-ZIP	Hillsboro Bch, Fl. 33062
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tom Hunniford
6.3 STREET ADDRESS	1057 Hillsboro mile #221
6.4 CITY-ST-ZIP	Hillsboro Beach, Fl. 33062

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Brooke Morrison* 4/2/97 9549431792

CR2E037 (9/96)