FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90077 041 ****70.00

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DOCUMENT # **771214**

1. Corporation Name
DIAMOND SHORES, INC.

Principal Place of Business	Mailing Address
100 WOODLAKE CIRCLE NAPLES FL 34114 US	C/O W.D. KRAMER 1838 40TH TERRACE S.W. NAPLES FL 34116 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/14/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2560240 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D
1838 40TH TERRACE S.W.
NAPLES FL 34116

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	HUNT, KENNETH		1.2 NAME	DAVID STEINBERG	
STREET ADDRESS	610 BRANDENBURGH WAY		1.3 STREET ADDRESS	2854 BECCA AVE.	
CITY-ST-ZIP	ROSWELL GA		1.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHIORANDO, GEORGE		2.2 NAME		
STREET ADDRESS	645 FAIRWOOD FOREST DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TYSON, WILLIAM J.		3.2 NAME		
STREET ADDRESS	732 HERNANDO DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOTTINO, ALFONZO		4.2 NAME		
STREET ADDRESS	1646 FIRST AVE., APT. #18G		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	VP T	☐ Change ☒ Addition
NAME	RHODE, WILLIAM		5.2 NAME	RUTH FERNANDEZ	
STREET ADDRESS	109 DORAL CIR.		5.3 STREET ADDRESS	326 CEREUS DRIVE	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	VP	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GASPERI, STEVEN		6.2 NAME	ANGELA BOTTINO	
STREET ADDRESS	413 DRACAENA DR.		6.3 STREET ADDRESS	39 CHUCK BLVD	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	NO. BABYLON, NY 11703	

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Fernandez VICE PRESIDENT/TREASURER 04-28-99 941-774-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #