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Apr 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 # F89914 (8)
1. Corporation Name
~~CJ'S HEATING, AIR CONDITIONING & ELECTRICAL, INC.~~
~~DIAMOND SERIES ENTERPRISES, INC. NC 2-3-97~~

Principal Place of Business Mailing Address
C/o Thomas C. Mehuron George N. Klimis, PA
8423 New York Avenue 30 N. Ring Ave, Ste. 400
Hudson, Florida 34667-3461 Tarpon Springs, FL 34789
USA USA

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 13825 U.S. Hwy 19	26	59-2206923	7/8/1982 1996
22 Suite, Apt. #, etc. SUITE 404 A	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State HUDSON, FLA.	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 34667	25 County USA	29 Zip	30 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	10. Name and Address of New Registered Agent
George N. Klimis, PA 30 North Ring Avenue, Suite 400 Tarpon Springs, FL 34689	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PTD	MEHURON, THOMAS C	1.2 NAME	
10400 HILLTOP DRIVE		1.3 STREET ADDRESS	
NEW PORT RICHEY, FL		1.4 CITY-ST-ZIP	
VSD	UNTERWEGER, RICHARD E	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
9005 MICHIGAN AVENUE		2.2 NAME	
BROOKSVILLE, FL		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

RMW
4-17-97

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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: Thomas C. Mehuron 3/17/97 813-805-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)