

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006264 (3)**  
 1. Corporation Name  
**UNITED DIAMOND CORPORATION**



Principal Place of Business <b>24 S. RIVER ST. WILKES BARRE PA 18703-1525</b>	Mailing Address <b>24 S. RIVER ST. WILKES BARRE PA 18703-1525</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/22/1996</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>23-2494374</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26

9. Name and Address of Current Registered Agent <b>STRATTON, DOUGLAS D ESQ 407 LINCOLN RD., #2B MIAMI BEACH FL 33139</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTIF Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>D</b>
NAME	<b>ZITOFSKY, JOEL</b>	1.2 NAME	
STREET ADDRESS	<b>24 S. RIVER ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILKES BARRE PA 18703-1525</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>ZITOFSKY, RONNE K</b>	2.2 NAME	
STREET ADDRESS	<b>24 S. RIVER ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILKES BARRE PA 18703-1525</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<b>VPTS</b>
NAME	<b>PATTERSON, SHERRI L</b>	3.2 NAME	
STREET ADDRESS	<b>24 S. RIVER ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILKES BARRE PA 18703-1525</b>	3.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	4.1 TITLE	<b>PSD</b>
NAME	<b>SHOVAL, Y J</b>	4.2 NAME	
STREET ADDRESS	<b>24 S. RIVER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILKES BARRE PA 18703-1525</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>SHOVAL, SUSAN W</b>	5.2 NAME	
STREET ADDRESS	<b>24 S. RIVER ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILKES BARRE PA 18703-1525</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<b>S</b>
NAME		6.2 NAME	<b>LEZINSKI, WILLIAM M</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>24 S. River St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Wilkes Barre, PA 18703-1525</b>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherril L Patterson* Sherril L Patterson 4/28/98 717-829-2101

CFR2E034 (10/97)