

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

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95 APR 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000042165 (8)

1. Corporation Name
DIAMOND PROPERTIES INC.

Principal Place of Business Mailing Address
1138 SHADY LN DR ORLANDO FL 32804 **1138 SHADY LN DR ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/07/1994** 3a. Date of Last Report

4. FEI Number **59-3251389** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 **1215 Park Lake ST**
22 City & State 27 Suite, Apt. #, etc
23 **Orlando FL** 28 **Orlando FL**
24 Zip 25 Country 29 **32803** 30 **USA**

9. Name and Address of Current Registered Agent
**STOCKSETT, WENDELL J
1138 SHADY LN DR
ORLANDO FL 32804**

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 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: _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Stocksett, Wendell J
STREET ADDRESS		13 STREET ADDRESS	1138 Shady Lane Dr
CITY, ST, ZIP		14 CITY, ST, ZIP	Orlando, FL 32804
TITLE		21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	McHenry, Bruce W.
STREET ADDRESS		23 STREET ADDRESS	1215 Park Lake St
CITY, ST, ZIP		24 CITY, ST, ZIP	Orlando, FL 32803
TITLE		31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	McHenry, Patricia
STREET ADDRESS		33 STREET ADDRESS	13718 Oriolewood Ct
CITY, ST, ZIP		34 CITY, ST, ZIP	Orlando FL 32824
TITLE		41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Anderson, Michael
STREET ADDRESS		43 STREET ADDRESS	8600 Wainwright Loop
CITY, ST, ZIP		44 CITY, ST, ZIP	Kissimmee FL 34746
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 checked or in an attachment with an address.

SIGNATURE: **W. J. Stocksett** **2/23/95 904-242-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR
Wendell Jerome Stocksett