

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000086167 (0)**

1. Corporation Name

DIAMOND AUTO SALES, INC.



Principal Place of Business

**833 PROGRESSO DR
FT LAUDERDALE FL 33304**

Mailing Address

**833 PROGRESSO DR
FT LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip County
24

26 State, Apt. #, etc.
27 City & State
28 Zip County
29 30

9. Name and Address of Current Registered Agent

**MERRIMAN, TOMMY J
1419 NE 57TH PLACE
FORT LAUDERDALE FL 33334**

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 607.0512 and 607.1503, 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 of Registered Agent

Signature of President, Secretary or Treasurer

(Print)

12. OFFICERS AND DIRECTORS		
12. TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	MERRIMAN, TOMMY J	
STREET ADDRESS	1419 NE 57TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merriman, Tommy J.	
STREET ADDRESS	1419 NE 57th Place	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan B. Merriman	
STREET ADDRESS	1419 NE 57th Place	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan B. Merriman	
STREET ADDRESS	1419 NE 57th Place	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(k), 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: *Susan B. Merriman Sec/Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954
779-7796

CR2E034 (12/95)