

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000094368 (4)**  
 1. Corporation Name  
**DIAMOND ED, INC.**



Principal Place of Business <b>581 US 41 BYPASS NORTH VENICE FL 34292</b>	Mailing Address <b>581 US 41 BYPASS NORTH VENICE FL 34292-1040</b>
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3. Date Incorporated or Qualified <b>12/11/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>581 US 41 BYPASS N.</b>	2a. Mailing Address <b>581 US 41 BYPASS N.</b>
22. Suite, Apt #, etc.	26. Suite, Apt #, etc.
23. City & State <b>Venice, FL 34292</b>	27. City & State <b>SAME</b>
24. Zip <b>34292</b>	25. Country <b>SARASOTA</b>
29. Zip <b>34292</b>	30. Country <b>SARASOTA</b>

4. FEI Number <b>65-0636728</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**DIAMANTE, EDSON**  
**581 US 41 BYPASS NORTH**  
**VENICE FL 34292**

10. Name and Address of New Registered Agent  
 81 Name  
**EDSON DIAMANTE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**581 US 41 BYPASS N.**  
 83  
 84 City  
**Venice**  
 85 State  
**FL**  
 Zip Code  
**34292**

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]* **ED DIAMANTE PRES.** DATE: **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAMANTE, EDSON</b>	1.2 NAME	
STREET ADDRESS	<b>581 US 41 BYPASS NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANKOVIC, STEPHEN</b>	2.2 NAME	
STREET ADDRESS	<b>581 US 41 BYPASS NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **ED DIAMANTE PRES.** DATE: **4/30/97** DAYTIME PHONE #: **941-484-0633**

CR2E034 (9/96)