PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90199 012 ***150.00

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DOCUMENT # P98000068737 1. Corporation Name DIAMOND INVESTMENT PROPERTIES, INC.											
Principal Place	e of Business	Mailing Address					i indiinoi kin taiti itiit taki ta		841B1 (\$111 IB889	11111 (44) (88)	ľ
4319 SALISBURY ROAD, SUITE 100 4319 SALISBURY ROAD, SUITE											Į
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216						İ	DO NOT WRI	TE I&I THIC	SDACE		- 1
							3. Date incorporated or Qualifed	IE M INIS	OF ACE		1 .
						()	08/06/1998				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ар	plied For	1
21 26							59-3529593		No	t Applicable].
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired		\$8.75		1
22 27							5. Octobacto di Cialda Desireo		Fee Re	quired	1
City & Slat	City & State	6				5. Election Campaign Financing		\$5:00	•	- ~ -	
23	28			Country			Trust Fund Contribution		Added t	O FBBS	1 }
Zip	Country	Žip	, ""				This corporation owes the cur Personal Property Tax.	eni year ini	angibe SeXas	□No	1 1
24	25		30			- 1	D. Name and Address of New	Registered	_7		
9, Name and Address of Current Registered Agent					Name						1
HEA!	D, KOKO						(DO D. M 1 - 1 M-1 A	-1-1-1			łi
2970 HARTLEY ROAD, SUITE 104				82	Street Ad	daress ((P.O. Box Number is Not Accept	10/0)			
JACKSONVILLE FL 32257				83]
{		•		84	City				85 Zip (Code	1
					1-1-7		_	FL			1 1
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was author agent. I am femiliar with and accept the obligations of, Section 607.0505, Florida 					named co he corpora	orporati ration's	on submits this statement for the board of directors. I hereby acce	purpose of ot the appoi	changing its intraent as re	registered gistered	
SIGNATURE	Robert Cinco	<u></u>	- minters		-landing too	- ward makes	o celestrone)	DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref OFFICERS AND DIRECTORS			gistered Agent signature required v 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				86
TITLE	KEITH HOWARD FRUSIONIT				PR	and a secondary		Change	Addition	R2E034 (11/98)	
NAME			1.2 NAME		Ro.	OBERT CRENSUAL					
STREET ADDRESS	4319 SALISBUAY ROAD		1.3 STREET ADDRESS		U.3	OBERT CRENSONE 1319 SALISBARY ROAD, SALISBARY					
CITY-ST-ZIP	JACKSON VILLA		1.4 CITY-		ZP	<u> </u>	ACKSONVILLE, FL	32			<u> </u>
TITLE	AGO	DELETE	21 T	21 TITLE					Change	Addition	
NAME	PORBAT CREUS	AW PROFILE									
STREET ADDRESS	ADDRESS 4319 SAGES REAL ROAD			2.3 STREET ADDRESS							1
CITY-ST-ZIP	JACASOSVILLA PERSONAL DELETE		2.4 CITY-ST-ZIP					Change	Addition	1	
TITLE		T) nergie	3.1 TITL		1				C7 +1-01-9-9		
NAME			3.3 STREET ADDRESS								
STREET ADDRESS			3.4, CITY-ST-ZIP								
CITY-ST-ZIP		DELETE	4.1 T		-				Change	Addition	l i
NAME			4.2 NA								'
STREET ADDRESS			4.3 STREET ADDRESS							;	
CITY-ST-ZIP				4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 1						Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS	ORESS		53 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY		ZIP				C7.01	C) Addition	
TITLE	1	☐ DELETE	6.1 TITL						Change	Addition	1
NAME			62 N								;
STREET ADDRESS	Í				ADDRESS						
CITY-ST-ZIP	L		Local	TY-ST-	ur		440 07/21/6) Elected Frances	A. other ner	life that the ir	dormation	I

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 as 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, with all other like empowered.

SIGNATURE:

D NAME OF SIGHING OFFICER OR DIRECTOR

april 30, 1999
Dayorne Phon