

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **542344** (7)
1. Corporation Name
DIAMOND C RANCH SALES CORP.

Principal Place of Business 110 PICNIC WAY MURPHY NC 28906	Mailing Address 110 PICNIC WAY MURPHY NC 28906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5 BATTLE CREEK RD Suite, Apt. #, etc.	2a. Mailing Address 26 5 BATTLE CREEK RD. Suite, Apt. #, etc.
23 HORSE SHOE, NC Zip 28742 Country	28 HORSE SHOE, NC City & State Zip 28742 Country

3. Date Incorporated or Qualified 08/05/1977	4. FEI Number 59-1772168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**HESS, ARTHUR H.
5425 Hibiscus Road
ST. CLOUD FL 34773**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARUTE, DIANE	1.2 NAME	
STREET ADDRESS	64 TUNXIS VILLAGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBIN, NATHAN	2.2 NAME	
STREET ADDRESS	1 FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERIN, MARK	3.2 NAME	
STREET ADDRESS	131 DAY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON CT	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, ARTHUR H.	4.2 NAME	
STREET ADDRESS	110 PICNIC WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MURPHY NC	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 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.

CR2E034 (10/97)