

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

FILED

Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F96000003581 (3)**

1. Corporation Name
DIAMOND COAST IMPORTS, LTD. (CORPORATION)

Principal Place of Business
**1365 WESTGATE CTR DR #E
WINSTON-SALEM NC 27103**

Mailing Address
**1365 WESTGATE CTR DR #E
WINSTON-SALEM NC 27103-2980**



3. Date Incorporated or Qualified
07/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

56-1964411

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEIMAN, BRUCE
1211 N COMMERCE BLVD
SARASOTA FL 34243**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	DALY, DIANNE M	
STREET ADDRESS	1365 WESTGATE CTR DR #E	
CITY-ST-ZIP	WINSTON-SALEM NC 27103	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCINTYRE, RICHARD R	
STREET ADDRESS	1365 WESTGATE CTR DR #E	
CITY-ST-ZIP	WINSTON-SALEM NC 27103	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOOZ, LORI L	
STREET ADDRESS	1365 WESTGATE CTR DR #E	
CITY-ST-ZIP	WINSTON-SALEM NC 27103	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVP
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Hyatt, Judy L.
4.3 STREET ADDRESS	1365 Westgate Ctr Dr #E
4.4 CITY-ST-ZIP	Winston-Salem NC 27103
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Dianne M Daly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne M Daly

2-27-97

Date

910-659-5635

Daytime Phone #

0010018

CR2E034 (9/96)