

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:27

DOCUMENT # G50804

(5)

1. Corporation Name

DIAMOND KING ENTERPRISES, INC.

Principal Place of Business

233 COMMERCIAL BLVD.  
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

233 COMMERCIAL BLVD.  
LAUDERDALE-BY-THE-SEA FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1983

3a. Date of Last Report

02/25/1994

4. FEI Number

59-2289446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLIGLER, DOROTHY  
7563 IMPERIAL DR 402D  
BOCA RATON FL 33432

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |
|----------------|-------------------------|
| TITLE          | PD                      |
| NAME           | KLIGLER, MICHELLE       |
| STREET ADDRESS | 3333 NE 38TH ST         |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 00000 |
| TITLE          | ATD                     |
| NAME           | KLIGLER, DOROTHY        |
| STREET ADDRESS | 3333 NE 38TH ST         |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 00000 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

|                    |                          |                                            |                                   |
|--------------------|--------------------------|--------------------------------------------|-----------------------------------|
| 1. TITLE           | PD                       | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 12. NAME           | KLIGLER, MICHELLE        |                                            |                                   |
| 13. STREET ADDRESS | 7563 IMPERIAL DR., #402D |                                            |                                   |
| 14. CITY-ST-ZIP    | BOCA RATON, FL 33432     |                                            |                                   |
| 21. TITLE          | ATD                      | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 22. NAME           | KLIGLER, DOROTHY         |                                            |                                   |
| 23. STREET ADDRESS | 7563 IMPERIAL DR., #402D |                                            |                                   |
| 24. CITY-ST-ZIP    | BOCA RATON, FL 33432     |                                            |                                   |
| 31. TITLE          |                          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 32. NAME           |                          |                                            |                                   |
| 33. STREET ADDRESS |                          |                                            |                                   |
| 34. CITY-ST-ZIP    |                          |                                            |                                   |
| 41. TITLE          |                          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 42. NAME           |                          |                                            |                                   |
| 43. STREET ADDRESS |                          |                                            |                                   |
| 44. CITY-ST-ZIP    |                          |                                            |                                   |
| 51. TITLE          |                          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 52. NAME           |                          |                                            |                                   |
| 53. STREET ADDRESS |                          |                                            |                                   |
| 54. CITY-ST-ZIP    |                          |                                            |                                   |
| 61. TITLE          |                          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 62. NAME           |                          |                                            |                                   |
| 63. STREET ADDRESS |                          |                                            |                                   |
| 64. 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. If Block 12 or Block 13 is changed, or on any attachment with an address.

SIGNATURE:

*Michelle J. Kligler*  
SIGNATURE AND TYPED ON PRINT NAME OF SIGNING OFFICER OR DIRECTOR

Michelle J. Kligler

1/17/95

(305) 493-9599