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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H48549

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DIAMOND TEAM INVESTMENTS, INC.

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| Apr 18 1997 8:00an |] |
| Secretary of State | |

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| | of Business | Mailing Address | | | l | | |
|---|---|--|---|--|--|-----------------------------|--|
| 11610 SUNFISH WAY COOPER CITY FL 33026 US | | 11610 SUNFISH WAY COOPER CITY FL 33026-1234 US | | | | | |
| | | 00 | | | 3. Date Incorporated or Qualified | 3a. Date of L | • |
| | | | | · | 03/22/1985 | 07/22/19 | |
| _ 2. Pencipal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | _ | Applied For |
| 21 | · . · · · · · · · · · · · · · · · · · · | 26 | | | 59-2549392 | | Not Applicable |
| Suite, Apt 1 22 | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | .75 Additional ee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5 | .00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | ided to Fees |
| Zγp | Country | Zip | Countr | у | 8. This corporation has liability for it | ntangible tax un | der s. 199.032, |
| 24 | 25 | 29 | 30 | | | Yes X No | |
| | 9. Name and Address of Cu | urrent Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| RAY | MOND, JOHN J. | | 81 | Name | | | |
| | IO SUNFISH WAY | | 82 | Stroot Add | Iress (P.O. Box Number is Not Acceptab | اها | |
| | PER CITY FL 33026 | | " | olicol Add | iless (r.o. box rambol la raol noceptato | | |
| 000 | I EU OUL LE GOOEG | | 83 | 3 | | | |
| | | | 84 | City | | FL 85 | Zip Code |
| | | 10100 L007 4500 Ft. 11- D. 1 | | | the state of the s | | |
| 11. Pursuant t off-ce or re | o the provisions of Sections 607 coestered agent, or both, in the S | r.0502 and 507.1508, Florida State State of Florida. Such change was | ules, the above authorized b | ve-named cor ov the corpora | poration submits this statement for the p ation's board of directors. I hereby accep | ot the appointme | ging its registered int as registered |
| 4,1,1,4,4,4,1,1,1 | n familiar with, and accept the r | obligations of Section 607 0505. | Iorida Statute | 98. | | | • |
| agent Lar | in terminal with and according to | singularis or, occiton con account | iorida otatut | | | | |
| | m reminer with and accept the t | songations of coolion contactor, i | ionda otatate | | | | |
| SIGNATURE | Signature, typed or printed name of register | ed agent and the if applicable (NC | | | uired when reinstating) | DATE | |
| SIGNATURE | Signature, typed or printed name of register | ed agent and tied if applicable (NC S AND DIRECTORS | OTE: Registered A | gen) signature requ | | DATE CERS AND DIRE | |
| SIGNATURE | Signature: typed or printed name of register OFFICERS | ed agent and the if applicable (NC | DTE: Registered A | gen) signature requ | uired when reinstating) | DATE | |
| SIGNATURE . | Signature, typed or printed name of register OFFICERS | ed agent and tied if applicable (NC S AND DIRECTORS | OTE: Registered A | gent signature requ | uired when reinstating) | DATE CERS AND DIRE | |
| SIGNATURE | Signature: typed or printed name of register OFFICERS | ed agent and tied if applicable (NC S AND DIRECTORS | 13. 1.1 TITLE | gent signature requ | uired when reinstating) | DATE CERS AND DIRE | |
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From necessy certainy that the information supplied with this tiling 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 Lam 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 impanged, or on an attachment with an address.

SIGNATURE:

JOHN J. RAYMOND 04-11-97