FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT STATE

Sandra B. Morth m

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED May 09 1997 8:00am Secretary of State

DOCUMENT # H82746 (9) BRANDONELLI DIAMOND BROKERAGE, INC. Principal Place of Business 400 SWEETWATER CLUB PLACE LONGWOOD FL 32779 LONGWOOD FL 32779 LONGWOOD FL 32779-2160								
LONOWOOD	1. 02/10	cononoco (E gerraen	~		Date Incorporated or Qualified 10/23/1985	3a. Date of 05/01/1	Last Report	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	1 40/41/1	Applied F	For
21		26	· · · · · · · · · · · · · · · · · · ·		59-2607051		Not Appli	icable
Suite, Ap	f. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	d \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		5.00 May B	
23		28			Trust Fund Contribution		Added to Fees	
. Zф .::1	Country	Zip	Country 30		This corporation has liability for in Florida Statutes	ntangible tax u 1 Yes 🏻 No		32,
24	25 9. Name and Address of Cui	29 rrent Registered Agent	[30]		10. Name and Address of New Re			Polyada
WH	IITE, MARY LOU	***************************************	81	Name				
	SWEETWATER CLUB PLACE		62	82 Street Address (P.O. Box Number is Not Acceptable)				
LONGWOOD FL 32779					· · · · · · · · · · · · · · · · · · ·	·		
			83					
			84	City		FL 85	Zip Code	
SIGNATURE	Signature hypotholipunted risme of registerer OFFICERS	AND DIRECTORS	13.	nt signature requir	red when renstating) ADDITIONS/CHANGES TO OFFIC			
TOLE NAME	P L. DELETE WHITE, MARY LOU		1.1 TITLE 1.2 NAME			ا لسا	Change A	Addition
STREET ACORESS	A STATE OF THE STA	ય.	1.3 STREET	ADDRESS				
City-SI-7#	LONGWOOD FL		1.4 CiTY - S	T- ZIP				
TITLE		☐ DELETE	2.1 TITL€		•		Change A	Addition
NAME STREET ADDRESS			2.2 NAME 2.3 ST FET	*UDDECC				
CITY: \$1-ZIP			2.4 C Y-5					
TITLE		☐ DELETE	3.3 TILE				Change A	Addition
NAME			3.2 N/DE					
STREET ADDRESS	3			ADDRESS				
CHY-ST-ZIP TITLE		DELETE	4.1 Tr	ST-ZIP			Change A	ddition
NAME			4. 2 M	1				
STREET ADDRESS	5		4.3 \$1 ET	ADDRESS				
CITY - S1 - 70P		☐ DELETE		T-ZiP		<u> </u>	Change A	ddition
TITLE NAME		טבנכונ 🗀 ייבוכונ	5.1 TI 5.2 NA E			٠ ـــا	urouthe FTT VI	JUINU!
STHEET ADDRESS			53 ST ET	ADDRESS				
CITY - ST - 7-P			5.4 C(T + S					
THE		DELETE	6.1 TITLE				Change A	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
COY-ST-ZIP	handle that the information are	nlied with this filing does not awa	6.4 CITY -S		d in Section 119 07/3/(i). Florida Statute	e I further cort	ify that the	

It 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 attamment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 407-788-873