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

FILED Mar 19 1007 9:00 am

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COF	PROFIT RPORATION JAL REPORT 1997		RIDA DEPARTM Sandra B. N Secretary of VISION OF COP	f State	Secretary of State				
DOCU 1. Corporatio	MENT # J668		1)	 					
TRIPLE	DIAMOND CORPORATION	UN					Billii IABi		
Principal Prac	e of Business	Mailing Addr	ASS			918 16 819 17 818 14 918 11 918 14	HM HM		
Principal Piace of Business Mailing Address 1515 S. FEDERAL HWY C/O WOLD CORP. BOCA RATON FL 33432 Principal Piace of Business Mailing Address 1515 S. FEDERAL HWY C/O WOLD CORP. BOCA RATON FL 33432						· •			
					3, Date Incorporated or Qualified 04/13/1987	3a. Date of Last Re 03/07/1996	eport		
	face of Business	2a. Maifing A	ddress		4. FEI Number	 	plied For		
Suite Apt.	H alto	26 Suite, Apl	# otc		59-2795633		t Applicable		
22	H ElG	27			5. Certificate of Status Desired	\$8.75 A			
City & Stat	to	City & Sta	te		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t			
Zip	Country	Zip		Country	8. This corporation has liability for i		199.032,		
24	[25] g. Name and Address of C	29 29 Average Age	30	· 1	Florida Statutes L. 10. Name and Address of New Re	Yes No			
2Nt B0 11, Pursuant office or agent 12	D. S. FEDERAL HWY. D. FLOOR CA RATON FL 33432 To the provisions of Sections 60 register or upon to both the provisions of Sections for the provisions for the provisions of Sections for the provisions for the prov	7.0502 and 607.1508, F State of Florida. Such c obligation (of Seption 6	iorida Statutes, hange was auth 07.0505, Florid	82 Street Add 83 City Boc the above-named co- norized by the corpora a Statutes.	nald E. Baker diess (P.O. Box, Number Is Not Acceptate to S. Federal Hwy. ca Raton reporation submits this statement for the pation's board of directors. I hereby accept	FL 85 Zin (4 32 s registered registered		
SIGNATURE	Signature, typed or pointed name of registe	red agent and tille if applicable.	(NOTE R	egistered Agent argnature req	uired when reinstating)	DATE			
12.	PD	S AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR Change	S IN 12		
NAME	BAKER, DONALD E.	<u></u>	, Decere	1.2 NAME		200 0.0.00	7,134,114,11		
STREET ADDRESS	1515 S. FEDERAL HWY	F2 01	1	1.3 STREET ADDRESS	11		13		
CHY-ST 7IP	BOCA RATON FL		DELETE	1.4 CITY-ST-ZIP	334	32			
NAME.	STD Besaw, Kathleen R.	٠	DEFELE	2.1 TITLE 2.2 NAME		Change Change	Addition		
STREET ADDRESS	1515 S. FEDERAL HWY	#2 01		2.3 STREET ADDRESS	4.4		}		
CITY-ST 7IP	BOCA RATON FL			2 4 CITY-ST-ZIP	334	32]		
Titul	}		DELETE	3.1 TITLE		Change	Addition		
NAME				3.2 NAME			1		
STREET ADORESS OUTY-ST-ZOP	l			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP					
THE			DELETE	4.1 TITLE		Change	Addition		
NAME	1			4. 2 NAME			-		
STREET ADDRESS	}			4.3 STREET ADDRESS			}		
City - St - Zip			DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change	Addition		
NAME		<u></u>	, -,,,,,,,,	52 NAME		vnangt	, admin		

6.4 CITY-ST-ZIP CHY+SI-Zif 14. To 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 3 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SI.	G	N	Δ	TI	ı	P	F	

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TIT, E

NAME

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Baker

3/14/97

561-395-2600

☐ Change ☐ Addition

Daytime Phone #

0315989