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Mar 13 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 # J81004 (0)

1. Corporation Name:  
DIPLOMAT PROPERTIES, INC.



Principal Place of Business Mailing Address  
218 SOUTHBAY DR 218 SOUTHBAY DR  
NAPLES FL 33963 NAPLES FL 34106-2338  
US US

3. Date Incorporated or Qualified 07/06/1987  
3a. Date of Last Report 03/26/1996

|                                |                         |                                                                                         |                                |
|--------------------------------|-------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number                                                                           | Applied For                    |
| 21. State, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 65-0024894                                                                              | Not Applicable                 |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required |
| 23. Zip                        | 28. Zip                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     | \$5.00 May Be Added to Fees    |
| 24. Country                    | 29. Country             | 6. Election Campaign Financing Trust Fund Contribution                                  |                                |
|                                | 30. Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |

9. Name and Address of Current Registered Agent

PELAK, STANLEY M.  
218 SOUTHBAY DR  
NAPLES FL 33963

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (Print Name of Registered Agent and Title if Applicable) \_\_\_\_\_ (Print Name of Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PT                | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PELAK, STANLEY M. | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 218 SOUTHBAY DR   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | NAPLES FL         | 1.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      | VS                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PELAK, JANE E.    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 218 SOUTHBAY DR   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | NAPLES FL         | 2.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                   | 3.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                   | 4.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                   | 5.4 CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                   | 6.4 CITY-STATE-ZIP                                    |                                                                   |

14. I 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 the 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: Stanley M. Pelak PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3-7-97 Daytime Phone #: 566-7681

0413854

CR2E034 (9/96)