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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K18091 1. Corporation Name

DIAMOND ILLUSIONS, INC.

Principal Place of Business Mailing Address							1 100 (2) (1 10) (10) (10)	191 710) 01011 0		, a
REBECCA ANN BAGGETT REBECCA ANN BAGGETT										
2760 CREIGHTO			2760 CREIGHTON RD							
PENSACOLA FL	32504		PENSACOLA FL 32504				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed 03/07/1988			
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		Ap	plied For
21		26	26				59- 2889593		No	t Applicable
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	e		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution	<u> </u>	Added t	,
Zip	Country		Zip Country				8. This corporation owes the cur	ent year Int	angible	
24	25	29 30		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cur		red Agent				10. Name and Address of New	Registered	Agent	,
					81	Name	•		•	
BAGGETT, REBECCA ANN					02	Ctreat Ada	dress (P.O. Box Number is Not Accept	ahla)		
2760 CREIGHTON RD					82	Street Add	aress (F.O. Box Number is Not Accept	abio)		
PEN:	SACOLA FL 32504			Ü	83					
									Ta-1 = .	
					84	City		FI	85 Zip (Code
office or r agent. I a	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida	. Such change was au	tnonzed	DV	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if a	oplicable. (NOTE:	Registered	Agen	t signature requir	red when reinstating)	DATE		
12.	OFFICERS	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	P		☐ DELETE	1.1 Tf1	l.E				☐ Change	☐ Addition
NAME	BAGGETT, REBECCA ANN			1.2 NA	ME					
	TREET ADDRESS 2760 CREIGHTON RD.		1.3 \$			ADDRESS				1
CITY-ST-ZIP	PENSACOLA FL			1.4 CT	Y- S1	r-ZIP				
TITLE			☐ DELETE	2.1 TI					☐ Change	☐ Addition
NAME				2.2 N	ME					
STREET ADDRESS				2.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP				2.4 C	TY-S	T-Z3P				
TITLE			☐ DELETE	3.1 71		-		-	Change	Addition
NAME				3.2 NA	ME	Ì				
STREET ADDRESS				3.3 ST	REET	ADDRESS				[
CITY-ST-ZIP				3.4. CI						
TITLE			☐ DELETE	4.1 TI					☐ Change	Addition
NAME				4. 2 N	AMF					i
						ADDRESS				
STREET ADDRESS										1
CITY-ST-ZIP			□ DELETE	4.4 CI		1-217		· · · · · ·	☐ Change	Addition
TITLE			_ >====	5.2 N						-
NAME						ADDRESS				
STREET ADDRESS				5.4 CI						
CITY-ST-ZIP			☐ DELETE	6.1 TI					☐ Change	Addition
TITLE				6.2 N						
NAME						ADDRESS				{
STREET ADDRESS	1			0.3 3	ME	PEDITESS				1

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 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90227 044 ***150.00