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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K22209

PREMIERE DIAMOND, INC.

(6)

| <u> </u> | |
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FILED

Jan 27 1997 8:00am

Secretary of State

| Principal Place of Business P O BOX 687 SAFETY HARBOR FL 34695 | | Mailing Address P O BOX 687 SAFETY HARBOR FL 34695-0687 | | | | | | | |
|--|---|---|-----------|-------|--|---|--------------------------|---------------|-----------------------------|
| | | | | | 3. Date Incorporated or Qualified 04/25/1988 | e of Last F 6/1996 | of Last Report 3/1996 | | |
| 2. Principal P 21 | Place of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 59-2911215 | | | oplied For of Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional equired |
| City & Stat | e | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Z(p 24] | Gountry 25 | Ζίρ 29 | 30 | intry | | | Yes 🗜 | No | . 199.032, |
| | 9. Name and Address of Curr | ent Registered Agent | | | None | 10. Name and Address of New Re | gistered A | gent | |
| | OKA, SAMUEL J | | | 81 | Name | | | | |
| | 4 SAN PEDRO ST EARWATER FL 34619 | | | 82 | Street Ad | ldress (P.O. Box Number is Not Acceptat | ole) | | |
| | | | | 83 | | | | | |
| I | | | | 84 | City | | FL | 85 Zip | Code |
| office or a agent. I a SIGNATURE | registered agent, or both, in the Sta am familiar with, and accept the obl Signature typester protection came of registered a | | | | | orporation submits this statement for the pration's board of directors. I hereby acceptions when reinstating) | of the appo | ointment as | registered |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | RS IN 12 |
| TITLE | PST | ☐ DELETE | 1.1 7) | TLE | T | | | Change | Addition |
| NAME | KUDIKA, SAMUEL J. | | 1.2 N | AME | | | | | |
| STREET ADDRESS | 3184 SAN PEDRO ST | | 1.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | | ITY-S | T-ZIP | | | | |
| TITLE | KUDIKA, JONI M | DELETE | 2.1 Tr | | | | | Change | Addition |
| NAME | 3184 SAN PEDRO ST | | 22N | | | | | | |
| STREET ADDRESS | CLEARWATER FL | | | | ADDRESS | 4 | | | |
| CITY-ST-71F TITLF | | DELETE | 3.1 1 | | ST-ZIP | | | Change | Addition |
| NAME | { | | 3.2 N | | - | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. 0 | UTY-S | ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 Ti | TLE | _[" | | | Change | Addition |
| NAME | | | 4.21 | IAME | | | | | |
| STREET ADDRESS | { | | 435 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | ☐ DELETE | _ | TY-S | T-ZIP | | | Change | ☐ Addition |
| TITLE | | | 517 | | \ \ | | | ☐ Change | ☐ ADUIIION |
| NAME CIRCLE ADDRESS | | | 5.2 N | | ADDEED | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | 6.1 To | ITY-S | 1-28 | | | Change | Addition |
| NAME | | | 6.2 N | | | | | | - 100 |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-S1-ZIP | | | | ITY-S | | | | | |

14. I 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 eath; 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 change

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR