

FILED

PROFIT
CORPORATION
ANNUAL REPORT •
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

[REDACTED]

Mailing Address
830 WASHINGTON AVE.
%DIAMOND BULLET CORPORATION
MIAMI BEACH FL 33139-5084

3. Date Incorporated or Qualified 04/27/1988		3a. Date of Last Report 04/26/1996			
4. FEI Number 65-0054981		<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. Principal Place of Business		2a. Mailing Address	
21		26	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
	City & State		City & State
23		28	
	Zip		Zip
	Country		Country
24		29	
25		30	

g. Name and Address of Current Registered Agent

DIAMOND BULLET CORPORATION
930 WASHINGTON AVE.
MIAMI BEACH FL 33139

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	TURK, LARRY M
STREET ADDRESS	830 WASHINGTON AVENUE, 5TH FLOOR
CITY - ST - ZIP	MIAMI BEACH FL

TITLE	VD
NAME	KRASSNER, BRAD L
STREET ADDRESS	930 WASHINGTON AVENUE, 5TH FLOOR
CITY - ST - ZIP	MIAMI BEACH FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	APPROVE

4.1 TITLE	<div style="text-align: center;"> FEB 22 1997 </div>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		<div style="font-size: 2em; transform: rotate(-15deg);"> RAW 55-97 </div>	
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			

5.1 TITLE	BY: _____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			

6.1 TITLE	200002170502	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	-05/08/97--01003--046		
6.3 STREET ADDRESS	***165.00		
6.4 CITY-ST-ZIP			

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 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, changed, or on an attachment with an address.

SIGNATURE: Larry N. Turk LARRY N. TURK

De

Daytime Phone # _____

CR2E034 (9/96)