## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

	1996	UNE TO STATE OF	DIVISION	OF CORPORATION	ONS					
DOCU 1. Corporation	IMENT # K425	78	(0)							
DIAMO	OND STATE OF FLORIDA	, INC.								
			- 0 -	- <del></del>						
	Principal Place of Business  404 MILFORD/HARRINGTON HWY. MILFORD DE 19963		Mailing Address  404 MILFORD/HARRINGTON HWY. MILFORD DE 19963			r raarann für ändig liftet ä		. Aiāti Aiāti	Digit Q	INTERNITURE
MILFORD DE										
						3. Date Incorporated or Qu 11/01/1988	ualified	3a. Date of t		
2. Principal P	Place of Business	<b>2a</b> . Mai <b>26</b>	iling Address	-		4. FEI Number 65-0083385				Applied For
Suite, Apt.	. #, etc.	Suit	te, Apt. #, etc.			Certificate of Status Des	sired f	\$		Not Applicable Additional
City & Stat	te	City	& State			6. Election Campaign Fina				Required
3		28		·-··		Trust Fund Contribution	[	J	Added	May Be I to Fees
Ζφ. [4]	Country 25	Zip 29		Country 30		This corporation has liab     Florida Statutes	oility for inta		der s	199.032,
	9. Name and Address of Cu		d Agent			10. Name and Address of			nt	
CT COR	RPORATION SYSTEM			81	Name					
	PINE ISLAND RD			82	Street Add	iress (P.O. Box Number is Not A	cceptable)			
PLANTA	ITION FL 33324			83				T-1		
				84	City			8	Zip	Code
								FL [°	1	
11. Pursuant or register familiar wi	to the provisions of Sections 607,0 ared agent, or both, in the State of f with, and accept the obligations of, S	0502 and 607,150 Floridal Such chai Section 607,0505	08, Florida Statu nge was authori , Florida Statute	ites, the above-r ized by the corposis.	named corpor oration's boa	ration submits this statement for ord of directors. I hereby accept	the purpos the appoint	se of changin tment as regis	g its restered	gistered office agent. I am
SIGNATURE	Signature, type for profest name of registered OFFICERS		ble (N	IOTE Registered Agen				se of changin tment as regis DATE RS AND DIR	ECTO	
SIGNATURE  12.  UILE	Stgrature, typed 6 ignated have of regionaried OFFICERS	agent and little if applicat	ble: (N	ICTE Registered Agen  13. 1 1 TITLE		id when reinstaling)		se of changin tment as regis	ECTO	
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SIGNATURE:

ED OR PRINT O HAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 302-422-6206