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PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DOCUMENT # **K96385**

1. Corporation Name

DIAMON	D PROFERIES REALIT INC	•							
Principal Place	e of Business	Mailing Address				i (dilitti bia iena suas men istat	Altı Albır asarı	918H 813H 91	1811 BIBIT 1881
C/O JEFFRY S	BROWNE	C/O JEFFRY S. BROWNE			•				
PO BOX 1218 PO BOX 1218						DO NOT WIDITE	IN THIS SE	PACE	
MARCO ISLAND FL 33969 MARCO ISLAND FL 33969						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						06/19/1989			
1 Deinstein I D	to a of Punings	2a. Mailing Address				4. FEI Number		Apr	plied For
	cipal Place of Business 2a. Mailing Address Chris Pyle 26 Chris Pyle					65-0125603			t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	
	PO BOX 1276 77 PO BOX 1276					5. Certificate of Status Desired		Fee Re	quired
City & Stat		City & State				=6. Election Campaign Financing		\$5.00	May-Be
23 Marco Island, FL 28 Marco Islan				, F <u>L</u>		Trust Fund Contribution		Added to	o Fees
Zip 24 3414	Country	Zip	Country	~ A		8. This corporation owes the curren			
24 3414	6 25 USA	29 34146 30	<u> </u>	<u> </u>		Personal Property Tax.			X No
	9. Name and Address of Current	Registered Agent	81	NI		10. Name and Address of New Reg	jisterea Ag	ant	
				Name					
HAUSLER, GARY J., ATTORNEY 601 ELKCAM CIRCLE B-3				82 Street Address (P.O. Box Number is Not Acceptable)					
MARCO ISLAND FL 33937									
IMA	100 (3EA10 E 3333)		83						
			84	City			FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				named	COLDO	ration submits this statement for the nu		anging its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autho	nzed by	the corpo	pration	's board of directors. I hereby accept t	he appointm	ient as reg	jistered
SIGNATURE			· · · · · · · · · · · · · · · · · · ·				DATE		
10	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature n	equirea v	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	DP OFFICERS AND	DELETE	1.1 TITLE		Di	resident		Change	Addition
NAME	BROWNE, JEFFRY S.	/~	1.2 NAME			nristopher G. Pyle	<u>.</u>		/
	1152 BALD EAGLE DR APT A-3			T ADDRESS	70	546 Sheffield Ave	2		
STREET ADDRESS	MARCO ISLAND FL 34145		1.4 CITY-S			arco Island, FL	3414	5	
CITY-ST-ZIP TITLE			2.1 TITLE			<u> </u>		Change	Addition
NAME		_	2.2 NAME	1					
STREET ADDRESS			2.3 STREE	TADDRESS					
CITY-ST-ZIP			2. 4 CITY-5						
TITLE		☐ DELETE	3 1 TITLE					_ Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		i			_ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		***************************************	<u></u>		
TITLE		☐ DELETE	5.1 TITLE				Ę	☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS				TADORESS					ļ
CITY-ST-ZIP			5.4 CMY-S	T-ZIP				7.Che	
TITLE		☐ DELETE	6.1 TITLE				L	Change	☐ Addition
NAME			62 NAME	T ADDDESS					\$
			CTDCE		1				I

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 of 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 eport as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. If the proposer of the corporation of the corporat

SIGNATURE:

Daytime Phone #