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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L58951

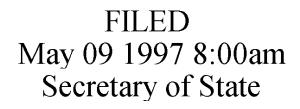
(9)

WHITE DIAMOND, INC.

Principal Place of Business

Mailing Address

7000 73 ST





PINELLAS PARK FL 34885	PINELLAS PARK FL 33781	1-3804							
		28. Mailing Address					te of Las 1/1996	e of Last Report	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	26				59-3070005			Not Applicable	
Sulte, Apt. #, etc.	Suile, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip Country 24 25	Zip 29	30]	intry	' 		Yes [] No	rs. 199,032,	
9, Name and Address of Curre	ent Registered Agent			y	10. Name and Address of New Re	gistered A	gent		
CURRAN, PATRICK J.			81	Name					
7000 73 ST			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
PINELLAS PARK FL 34865									
			83						
			84			FL		ip Code	
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli 	502 and 607.1508, Florida Stati te of Florida. Such change was igations of, Section 607.0505, F	utes, the at s authorize Florida Stat	bove d by tutes	e-named co y the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of of the appo	changin piniment	g its registered as registered	
SIGNATURE Signature, lyped or printed name of registered a					quired when reinstalling)	DATE			
12. OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
TITLE D	☐ DELETE	1.1 T/	TLE				Chang	e Addition	
NAME CURRAN, PATRICK J.		1.2 N	AME						
STREET ADDRESS 7000 73 ST		1.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP PINELLAS PARK FL				ST-ZIP			_		
TITLE	☐ DELETE	2.1 Ti					Chang	ge [] Addition	
NAME		2.2 N							
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP TITLE	DELETE	2 4 C 3.1 II		S1 - 7IP			Chang	ge Addition	
NAME	L_I Detter	3.1 H					[] Cuari	te [_] Addition	
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP				S1-7IP					
TITLE	DELETE	4,1 11		51-7IF			Chang	ge Addition	
NAME		4 2 N						, 223	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP				S1-7/P					
TITLE	DELETE	5.1 TI					Chang	e Addition	
NAME		5.2 N	AME						
STREET ADDRESS		5.3 \$	TREET	ADDRESS					
CHY-\$T-ZIP		5 4 C	(1Y - S	ST-7IP					
TITLE	☐ DELETE	6.1 1					Chang	ge Addition	
NAME		6.2 N	AME						
STREET ADDRESS		6.3 S	IREE I	ADDRESS					
CITY-ST-ZIP				ST-71P					
14 Ldo bereby certify that the information suppl	ind with this filipp doos not aus				ed in Section 119 07(3)(i). Florida Statute	e Lituribor	codity t	nat thin	

I do need by certify that the information supplied with this hing does not quality of the exemption stated in section (19.07(5)ft), Florida Statutes. Floring 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 13 if changed, or on an all achment with an address.