

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 28 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M34475 (7)**  
 1. Corporation Name  
**DIAMOND C HOLDINGS, INC.**



Principal Place of Business: **5841 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407**  
 Mailing Address: **5841 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407-2039**

3. Date Incorporated or Qualified: **06/30/1986**  
 3a. Date of Last Report: **05/17/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>5841 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407</b>	<b>5841 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407-2039</b>	<b>59-2782146</b>	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent  
**N. GRIFFIN WILSON**  
**5841 CORPORATE WAY**  
**SUITE 100**  
**WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>N. GRIFFIN WILSON</b>	
STREET ADDRESS	<b>1920 PALM BCH LAKES BLVD., SUITE 202</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL 33409</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>N. GRIFFIN WILSON</b>	
STREET ADDRESS	<b>1920 PALM BCH LAKES BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL 33409</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)