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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90031 042 ***150.00

DOCUMENT # P9300009428

DESERT DIAMOND BOOKS, INC.								
Principal Place of Business Mailing Address							IOITH BOLLE IBIN OLOIO	
104 CONGRESSIONAL WAY 104 CONGRESSIONA		104 CONGRESSIONAL WAY DEERFIELD BEACH FL 33073	1			DO NOT WRITE IN T	HIS SPACE	<u> </u>
					ĺ	3. Date incorporated or Qualifed 02/08/1993		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	Api	plied For
21		26 541 S. STA	TE F	34	7 🔝	65-0384888	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State	9	City & State 28 MAR GATE.	FLO	Ride	9-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	*
Zip	Country 25	Zip /	Country	OW A	9-17 D	This corporation owes the current yea Personal Property Tax.		□No
24)	9. Name and Address of Current	, <i> </i>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	//		10. Name and Address of New Registe	red Agent	
CAMENSON, BLYTHE C 104 CONGRESSIONAL WAY DEERFIELD BEACH FL 33442			82 83		Addres	ss (P.O. Box Number is Not Acceptable)	85 Zip (Code
office of reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was autions of, Section 607.0505, Florid	thorized by da Statutes	ine corp s.	orauon	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered gistered
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OF FIGURE AND	☐ DELETE	1.1 TITLE				Change	Addition
NAME	CAMENSON, BLYTHE C		1.2 NAME					
STREET ADDRESS	104 CONGRESSIONAL WAY	,		1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP		_			
mre	☐ DELETE		2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS	FREET ADDRESS		2.3 STREE	2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			34. CITY-	ST-ZIP				

☐ Change Addition ☐ DELETE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TTILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Date | Date | Dayloris Phone #

CR2E034 (11/98)