


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

FILED

Apr 24 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P93000024984 (5)**

1. Corporation Name  
**DIAMOND A BETA, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>3654 CLEVELAND AVE.<br/>FT. MYERS FL 33901<br/>US</b> | Mailing Address<br><b>C/O ROBERT D. ROYSTON, JR., ESQ.<br/>12670 NEW BRITTANY BLVD., SUITE 101<br/>FT. MYERS FL 33907-3650</b> |
|---|--|



|   |  |                        |  |   |  |  |  |
|---|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>04/02/1993</b>  |  | 3a. Date of Last Report<br><b>05/01/1996</b>           |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>65-0399751</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22 City & State   |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 23 Zip  |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 24 Country  |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>ROYSTON, ROBERT D., JR.<br/>COSTELLO, SIMS &amp; ROYSTON<br/>12670 NEW BRITTANY BLVD., #101<br/>FORT MYERS FL 33907</b> |  |                        |  | 10. Name and Address of New Registered Agent  |  |  |  |
|   |  |                        |  | 81 Name   |  |  |  |
|   |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |
|   |  |                        |  | 83  |  |  |  |
|   |  |                        |  | 84 City   |  |  |  |
|   |  |                        |  | FL 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>DST</b>                | <input type="checkbox"/> DELETE                            | 1.1 TITLE           | <b>P</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MARTIN, ROGER J</b>    |  | 1.2 NAME            |          |  |
| STREET ADDRESS             | <b>3801 EDGEWOOD AVE.</b> |  | 1.3 STREET ADDRESS  |          |  |
| CITY - ST - ZIP            | <b>FORT MYERS FL</b>      |  | 1.4 CITY - ST - ZIP |          |  |
| TITLE                      | <b>P</b>                  | <input checked="" type="checkbox"/> DELETE                 | 2.1 TITLE           |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TRACY, DOUGLAS L</b>   |  | 2.2 NAME            |          |  |
| STREET ADDRESS             | <b>3815 EDGEWOOD AVE.</b> |  | 2.3 STREET ADDRESS  |          |  |
| CITY - ST - ZIP            | <b>FORT MYERS FL</b>      |  | 2.4 CITY - ST - ZIP |          |  |
| TITLE                      | <b>V</b>                  | <input checked="" type="checkbox"/> DELETE                 | 3.1 TITLE           |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CALLAN, DION</b>       |  | 3.2 NAME            |          |  |
| STREET ADDRESS             | <b>3801 EDGEWOOD AVE.</b> |  | 3.3 STREET ADDRESS  |          |  |
| CITY - ST - ZIP            | <b>FORT MYERS FL</b>      |  | 3.4 CITY - ST - ZIP |          |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE                            | 4.1 TITLE           |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |  | 4.2 NAME            |          |  |
| STREET ADDRESS             |                           |  | 4.3 STREET ADDRESS  |          |  |
| CITY - ST - ZIP            |                           |  | 4.4 CITY - ST - ZIP |          |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE                            | 5.1 TITLE           |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |  | 5.2 NAME            |          |  |
| STREET ADDRESS             |                           |  | 5.3 STREET ADDRESS  |          |  |
| CITY - ST - ZIP            |                           |  | 5.4 CITY - ST - ZIP |          |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE                            | 6.1 TITLE           |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |  | 6.2 NAME            |          |  |
| STREET ADDRESS             |                           |  | 6.3 STREET ADDRESS  |          |  |
| CITY - ST - ZIP            |                           |  | 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 if changed, or on an attachment with an address.

SIGNATURE:  **REQUIRED**

4/17/97

Date

Daytime Phone #

CR2E034 (9/96)