

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000025199 (9)

1. Corporation Name

DIAMOND A ENTERTAINMENT, INC.

Principal Place of Business

5309 SUMMERLIN ROAD
APT. 1
FT. MYERS FL 33919
US

Mailing Address

C/O ROBERT D ROYSTON, JR. PA
12670 NEW BRITTANY BLVD. STE 101
FT MYERS FL 33907-3650
US

2. Principal Place of Business

21 3601 Edgewood Ave.

Suite, Apt. #, etc.

22

City & State

23 Fort Myers, FL

Zip

24 33916

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR
% COSTELLO, SIMS & ROYSTON
12670 NEW BRITTANY BLVD., #101
FT. MYERS FL 33907

3. Date Incorporated or Qualified

04/06/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0399748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☒ DELETE

NAME MARTIN, ROGER J
STREET ADDRESS 3801 EDGEWOOD AVE
CITY-ST-ZIP FORT MYERS FL

TITLE PD ☐ DELETE

NAME TRACY, DOUGLAS L
STREET ADDRESS 3815 EDGEWOOD AVE
CITY-ST-ZIP FORT MYERS FL

TITLE VP ☒ DELETE

NAME CALLAN, DION
STREET ADDRESS 3801 EDGEWOOD AVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE

FILED
Apr 29 1997 8:00am
Secretary of State



CR2E034 (9/96)