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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P93000039545 (7)

DIAMOND CAPITAL MANAGEMENT (DCM), INC.

| Principal Place of Business         |  | Mailing Address  | Mailing Address                                    |   |                                       |  |
|-------------------------------------|--|--|--|---|---------------------------------------|--|
| 2871 N. OCEAN BLVD.                 |  | 2871 N. OCEAN BLVD.  | 2871 N. OCEAN BLVD.                                |   |                                       |  |
| <b>#517C</b>                        |  | <del>-#517C</del>  |  |   |                                       |  |
| BOGA RATON FL 33431                 |  |  | BOCA RATON FL 33431-7018                           |   | · · · · · · · · · · · · · · · · · · · |  |
| US                                  |  | - <del>US</del>  |  | 3. Date incorporated or Qualified 06/03/1993  | 3a. Date of Last Report<br>03/19/1996 |  |
| 2. Principal Place of Business      |  | 2a. Mailing Address  |  |   | Applied For                           |  |
| 21                                  |  | 26 2 234 N. 1  | 26 2234 N. Feller / pm.                            |   | Not Applicable                        |  |
| Suite, Apt. #, etc.                 |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                |   | \$8.75 Additional                     |  |
| 22                                  |  | 27 Ste# 31   | 5  | 5. Certificate of Status Desired  | Fee Required                          |  |
| City & State                        |  | City & State / 1   | F1   | 6. Election Campaign Financing  | \$5.00 May Be                         |  |
| 23                                  |  | 28 BRG 1410  | 9 1 -  | Trust Fund Contribution   | Added to Fees                         |  |
| Zip                                 | Country  | 7p 72/17/  | Country  | B. This corporation has liability for i   | - ·                                   |  |
| 24                                  | [25]   |  | 0 USA  |   | Yes 140                               |  |
|                                     | 9, Name and Address of Curre   | nt Hegistered Agent  | 94 No.   | 10. Name and Address of New Re  | gistered Agent                        |  |
|                                     | MOND, BRET P   |  | 81 Name  |   |                                       |  |
| - <del>2871 N. OCEAN BLVD</del> .   |  |  | 82 Street Add                                      | ress (P.O. Box Number is Not Acceptab   | le)                                   |  |
| # <del>5170</del>                   |  |  | レスス  | 34 N. Gedeni  | ffer                                  |  |
| BOCA RATON FL-93431                 |  |  | 83   | 1 # 215   |                                       |  |
|                                     |  |  | 84 City  | 71 212  | 85 Zip Code                           |  |
|                                     |  |  | 50   | Ce Ratio  | FL 33431                              |  |
| 11. Pursuant                        | to the provisions of Sections 607.05   | 02 and 607.1508. Florida Statutes  | , the above-named corp                             | poration submits this statement for the p   | urpose of changing its registered     |  |
| office or r<br>agent I a            | egistered agent, or both, in the Stat<br>m familiar with, and accept the oblid | e of Florida. Such change was au<br>pations of, Section 607.0505, Flor     | thorized by the corpora<br>da Statutes             | tion's board of directors. I hereby accep   | t the appointment as registered       |  |
| SIGNATURE                           | Root Solum   | - Il Mardant   | Kvot D   | anna Propilari  | 1/6/97                                |  |
| SIGNATURE                           | signature, typed or printed name of registrated as                             | ject and tyle: Mappicable (NOTE:   | Registered Agent signature requi                   | ired when reinstating)  | DATE                                  |  |
| 12.                                 | OFFICERS AT  | VO DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTORS IN 12               |  |
| TITLE                               | D  | OELETE   | 1.1 TITLE  | 112 200   | <b>∠ Ghan</b> ge                      |  |
| NAME                                | DIAMOND, BRET  |  | 1.2 NAME   | New Aldress   | 11/2 11 215                           |  |
| STREET ADDRESS                      | 2871 N. OCEAN BLVD. #517   | <del>C</del>   | 1.3 STREET ADDRESS                                 | 2234 N. Reden   | 1 Hery, # 5/3                         |  |
| CITY-ST-ZIP                         | BOCA RATON FL  |  | 1.4 CITY - ST - ZIP                                | 2234 N. Feder   | fl 33431                              |  |
| TITLE                               |  | ☐ DEL€ TE  | 2 1 TITLE  | 101 101   | Change Addition                       |  |
| NAME                                |  |  | 2.2 NAME   |   |                                       |  |
| STREET ADDRESS                      |  |  | 2.3 STREET ADDRESS                                 |   |                                       |  |
| CITY+ST-ZIP                         |  |  | 2 4 CITY-ST-ZIP                                    |   |                                       |  |
| TITLE                               |  | DELETE   | 3 1 TITLE  |   | Charge Addition                       |  |
| NAME                                |  |  | 3 2 NAME   |   |                                       |  |
| STREET ADDRESS                      |  |  | 3 3 STREET ADDRESS                                 |   |                                       |  |
| CITY - ST - ZIP                     |  |  | 34 CITY-ST-ZIP                                     |   |                                       |  |
| TITLE                               |  | DELETE   | 4.1 TITLE  |   | Change Addition                       |  |
| NAME                                |  |  | 4. 2 NAME  |   |                                       |  |
| STREET ADDRESS                      |  |  |  |   |                                       |  |
| 1                                   |  |  | 4.3 STREET ADDRESS                                 |   |                                       |  |
| CITY - ST - ZIP<br>TITLE            |  | DELETE   | 4.4 CITY - ST - ZIP                                |   | Change Dateston                       |  |
|                                     |  | L_ Date it   | 5 1 TITLE  |   | Change Addition                       |  |
| NAME.                               |  |  | 5 2 NAME   |   |                                       |  |
| STREET ADDRESS                      |  |  | 5 3 STREET ADDRESS                                 |   |                                       |  |
| CITY-ST-ZIP                         |  | T cornere  | 5 4 CITY - ST - ZIP                                |   | F-1                                   |  |
| TITLE                               |  | ☐ DELETE   | 6 1 TITLE  |   | Change Addition                       |  |
| NAME                                |  |  | 6.2 NAME   |   |                                       |  |
| STREET ADDRESS                      |  |  | 6 3 STREET ADDRESS                                 |   |                                       |  |
| CiTY - ST - ZIP                     |  |  | 64 CITY - ST - ZIP                                 |   |                                       |  |
| <b>14.</b> I do heret<br>informatio | by certify that the informal on supplied in indicated on this annual report or | ed with this filing does not qualify<br>supplemental applial report is tro | tor the exemption states<br>e and accurate and the | d in Section 119.07(3)(i), Florida Statutes<br>t my signature shall have the same legal | s. I further certify that the         |  |
| I am an o                           | flicer or director of threcorporation of                                       | or the receiver or trustee empower   | ed to execute this repo                            | rt as required by Chapter 607, Florida S  | tatutes; and that my name             |  |