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



	PROFIT	ATTEN L		<u>-</u> -			Apr 21 1998 8:00am	ì
	RPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham					L
ANNUAL REPORT			Secretary of State				Secretary of State	
	1998	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	DIVISION OF	CORPOR	RATIO	ONS		
1. Corporatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	93000039	•)				
DIAMO	nd Capital Ma	NAGEMENT (DCM), INC				- 100(100) 110 1010 1141 0011 0411 0411 0414 0014 1114 1114 1114 1114 0114 0114 0114 0114 0114 0114 0114 0114	
Principal Plac	e of Business	Mai	ing Address				T THE WAREL AND ADDRESS (VIEW BERN), MEIN WEIGHT BENDE DEWER THEFOL BY FILL DIRECT BLAN FROM	
2871 N. OCEAN BLVD. 2234 N FEDERAL HWY 8517C SUITE 315							j	
BOCA RATON FL 33431			BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE	
US		U\$					3. Date Incorporated or Qualified 06/03/1993	
2. Principal P	lace of Business	20. 1	Mailing Address		-		4. FEI Number Applied For	⊣
	0 5,00cm	·	 				65-04 19352 Not Applicable	le
Suite, Apt.	#, elc. √? 】₁	27	Suite, Apt. #, otc.				5. Certificate of Status Desired	
City & Stat			City & State				Election Campaign Financing \$5.00 May Be	\dashv
23 <i>[50L0</i>	14tus Fl	28	7	000	um terri		Trust Fund Contribution Added to Fees	_
34 34 34	1432 Coun	SA 29 '	?ip	30	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Pres No	
		ress of Current Registe	red Agent				10. Name and Address of New Registered Agent	コ
	MOND, BRET P				81	Name		╛
2234 N. FEDERAL HWY STE #315					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431					83			\dashv
					84	City	FL 85 Zip Code	\dashv
11. Pursuant	to the provisions of Se	ctions 607.0502 and 607	7.1508, Florida Statu	ites, the a	bove	e-named cor	progration submits this statement for the purpose of changing its registere	a
office or r	egistered agent, or bo	ith, in the State of Florida scept the obligations of, t	 Such change was 	authorize	d by	the corpora	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		me of registered agent and title if					guired when reinstaling) DATE	_ }
12.		OFFICERS AND DIRECT		13.	u Age	at signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0		DELETE	1.1 1)			☐ Change ☐ Addition	'n
NAME STREET ADDRESS				1.2 N		*DODGGG		-
CITY-ST-ZIP	PRO1 P1701 51 4444			1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
THLE			☐ DELETE	2.1 Y			☐ Change ☐ Addition	'n
NAME				2.2 N		1000000		- {
STREET ADDRESS CITY-ST-ZIP					IHLE I ITY - S	ADDRESS		- [
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CITY-ST-ZIP						ADDRESS ST-ZIP		
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NAME				4 2 N	AME			
STREET ADDRESS						ADDRESS		-
CITY-ST-ZIP TITLE			DELETE	4.4 CI	TY-51 TLE	-11P	☐ Change ☐ Additio	m
NAME				5.2 N				
STREET ADDRESS						ADDRESS		
CITY-SF-ZIP TITLE			DELETE	5.4 CI	17-51 11 F	í-ZIP	Change Addilic	'n
NAME				6.2 N/		1	pand Crossings and Hyberton	
STREET ADDRESS				63SI	REE!	ADORESS		
CITY-ST-ZIP	ertify that the informat	ion supplied with this file	on does not qualify		TY-SI		in Section 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv
PRA LIPOTOGOV L	COUNTRICAL CITY DISTRICT	COLUMNIA PROPERTIES TO A TRANSPORTED TO	NA VIODO HOL YURIIIV	IVI DIO DAL	いいけん	TOTAL DEGREE OF THE	an goodga in 19.0 (1984) increso ordinado. I futbro obtary bracibili intottination	

I nerety certify that the information supplied with this tiling 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.

GNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DISTRICTOR

Date:

SIGNATURE:

FILED