Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90032 031 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT #

1. Corporation Name

DIAMON	id Capital Managemei	NT (DCM),	INC.				
Principal Plac	e of Business	Mailin	ig Address				
310 S OCEAN BLVD 2234 N FEDERAL HWY							
SUITE 202 SUITE 315 BOCA RATON FL 33431 BOCA RATON FL 33431						DO NOT WRITE	IN THIS SPACE
BOCA RATON FL 33431 US BOCA RATON FL 33431 US						3. Date Incorporated or Qualifed	11711001702
						06/03/1993	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
21 26					65-0419352	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22   27   City & State   City & State							
¬ · · · · · · · · · · · · · · · · · · ·					6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	28 Zi	n	Country		8. This corporation owes the curren	
24	25	29		30	•	Personal Property Tax.	Yes 🖾 🗖
24	9. Name and Address of Cu		<del> </del>	-		10. Name and Address of New Re	gistered Agent
DIA				81	Name		
DIAMOND, BRET P 2234 N. FEDERAL HWY STE #315 BOCA RATON FL 33431			82	Street Addre	ess (P.O. Box Number is Not Acceptable	е)	
			83	<del> </del>			
			84	City	6.7	FL 85 Zip Code	
<u> </u>			4600 Florida Olabeta		]	oration submits this statement for the pu	
office or r	registered agent, or both, in the Si im familiar with, and accept the ob	tate of Florida.	Such change was au	ithorized by	the corporatio	in's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if AD	plicable (NOTE:	Registered Age	nt signature required	d when reinstating)	DATE
12.		AND DIRECT		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITLE		1264 TS	☐ Change ☐ Addition
NAME	DIAMOND, BRET			1.2 NAME			
STREET ADDRESS	s 2234 N FEDERAL HWY #315			13 STREET ADDRESS		•	
CITY-ST-ZIP	BOCA RATON FL 33431			1.4 CITY-5	ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME				2.2 NAME			*
STREET ADDRESS				2.3 STREE	T ADDRESS		
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	es	
TITLE	,		☐ DELETE	3.1 TITLE			, Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	T ADDRESS	The second district state the	ពល់កាស់ ឆ្នាំសុក្សសុំ ហុក្សសំ ខ្មែរកាម
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		Company of the compan
TITLE			☐ DELETE	4.1 TITLE			Change : E Addition
NAME				4. 2 NAME			į
STREET ADDRESS				4.3 STREE	TADORESS		ĺ
CITY-ST-ZIP			C	4.4 CITY-5	ST-ZIP		Change Addition
TITLE			☐ DELETE	5.1 TITLE			Change Addition
NAME						and the second second	
STREET ADDRESS	il .			5.2 NAME			
CITY-ST-ZIP	l ·			5.3 STREE	T ADDRESS		
	;		□ perere	5.3 STREE 5.4 CITY-S	T ADDRESS		□ Change □ Addition
TITLE	10800	,	☐ DELETE	5.3 STREE 5.4 City-5 6.1 Title	ET ADDRESS ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	Section 1	,	☐ DELETE	5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	e o to o o organ	☐ Change ☐ Addition

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP