FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	DIVISION OF	F CORPURATIONS			
1. Corporation	MENT # P9300 ND ENTERPRISES, INC.	0045715 (8	3)			
DIMINO	IND ENTERFRICES, INC.			1 1861/38/ 118 18/18 11/4/ 88/1/ 88/	HARANA Ba na Bana Bana Bana Bana Bana Bana Bana	
Principal Place	e of Business	Mailing Address				
2851 S. OCEAN BLVD.		2851 S. OCEAN BLVD	•			
#7S BOCA RATON FL 33432		#7S				
		BOCA RATON FL 33432		Date Incorporated or Qualified		
Principal Di	con of Divisions			06/28/1993	11/15/1995	
Principal Place of Business 21		2a. Mailing Address		4. FEI Number 65-04 19709	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27			Fee Required	
23	ŧ	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zipi	Country	This corporation has liability for		
24	9. Name and Address of Curre	29	30		s 🗌 No	
-	g, Hame and Address of Curren	in negistered Agent	81 Name	10. Name and Address of New I	Registered Agent	
DIAMOND, LYNN				t Address (P.O. Box Number is Not Acceptable)		
2851 S. OCEAN BLVD.			Street Acti	dress (F.O. Box number is Not Accepta	oie)	
#7\$			83			
BUCA R	IATON FL 33432		84 City		85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the pu	FL 63 Zip Code	
Or register	ed agent, or both, in the State of Roci th, and accept the obligations of Shal	da <u>Such change</u> was authoriz ISB 607 05 05, Hisrida Statutes	ed by the corporation's bo	ard of directors. Thereby accept the app	pointment as registered agent. I am	
SIGNATURE 🤇	Stron The	more)		>	Timuary 21/996	
12.		: àro frie tappt ask (Nº) ID DIRECTORS	TE Roge tered Agent signature regardate. 13.		DATE	
TITLE	D	☐ DELETE	1 1 THUE	ADDITIONS/CHANGES DOOR	Change Addition	
NAME	DIAMOND, LYNN		1.2 NAME			
STREET ADDRESS	2851 S. OCEAN BLVD., #7S		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	BOCA RATON FL 33432	☐ DELFTŁ	1.4 CHY+ST ZiP			
NAME			2 1 TITLE 22 NAME		Change Addition	
STREET ADDRESS			2.3 STREHT ADDRESS			
CHTY - ST - ZIP			2.4 CHY ST-ZIP			
TITLE		☐ DELETE	3 1 TIFLE		Change Addition	
NAME STREET ADDRESS			3 2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 City-St-Zip			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAMÉ	•		4.2 NAME			
STREET ADORESS			4 3 STREET ADDRESS	6000017 -04/09/96010	73116	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP	-04/09/96010		
NAME			5 1 TITLE 52 NAME	***200.00	☐ Change ☐ Addition	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - \$1 - 2IP			
TITLE		☐ DELETE	6 1 TITLE	77.4.	Change Addition	
NAME			6.2 NAME		\sim	
STREET ADDRESS			6.3 STREET ADDRESS		~ 4.b	
CITY-ST-ZIP			6.4 C(1y - S1 - Z)F		•	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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 attactment with an address.

15. **To have the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this 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 trusted 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 attactment with an address.

ENGLISH URE AND TYPED OR PAINTED WANTE DE SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Gard

707-796 997-2334