

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

*Amended*

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUN 27 AM 9: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000 53543**

1. Corporation Name

**Diamond - D - Food Enterprises Inc.**

Principal Place of Business

Mailing Address

**1345 Kathleen Rd.  
Lakeland FL 33805  
U.S.A**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**7-30-93**

3a. Date of Last Report  
**2-21-95**

2. Principal Place of Business

2a. Mailing Address

21 **Symc**

26 **Symc**

4. FEI Number

**59-3193431**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Tarik Abdullah  
171 creekwood Run  
Lakeland FL 33809**

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 of officer or director of corporation or trustee

833E Registered Agent signature required when re-registering

**6-26-95**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D.P.T.S.  
Tarik Abdullah  
171 creekwood Run  
Lakeland FL 33809**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**900001526759**

**-06/29/95-01036-002**

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D/V P  
Nidal Saleh  
2443 Billingsley St  
Upper Arlington Ohio**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D/V P  
Kamal Osman  
2437 Idlewild St #8  
Lakeland FL**

**X**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

**Delet**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

**6/27/95 MST**

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 110.07(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 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:

*Tarik Abdullah*

**Tarik Abdullah**

**6-26-95**

**(941) - 682 - 8251**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number