FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 25 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010061 (7)

1. Corporation Name
DIPLOMAT CARDS, INC.

Principal Place of Business	Mailing Address
4209 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064	4209 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business 21 2608 N. OCEAN BLV	2a. Mailing Address 26 2608 N OCEAN BLV	4. FEI Number 65-046 5584	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 10	Suite, Apt. #, etc. 27 SUITE 10	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 POMPANO BEACH FL	City & State 28 POMPANO BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33062 County 25 USA	Zip 29 33062 County 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PARSONS, JEAN
4209 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name: PARSONS, JEAN
82 Street Address (P.O. Box Number is Not Acceptable): 2608 N OCEAN BLVD
83 SUITE 10
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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 _____ DATE
Signature, type or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ~~V-P~~ VICE PRES ☒ Change ☐ Addition
NAME	PARSONS, JEAN	12 NAME	JEAN PARSONS
STREET ADDRESS	4209 NORTH FEDERAL HIGHWAY	13 STREET ADDRESS	2608 N OCEAN BLVD #10
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	14 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	~~D~~	21 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		22 NAME	MARCUS VAN WINKLE
STREET ADDRESS		23 STREET ADDRESS	2608 N OCEAN BLVD #10
CITY-ST-ZIP		24 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: J Parsons 4-20-95 3057868200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106685 CP