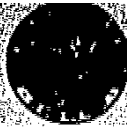


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Florida B. Robinson
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 19 AM 2:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000059251 (6)

1. Corporation Name

DIAMOND INVESTIGATIONS INC.

Principal Place of Business

**4350 ORANGEWOOD AVENUE
FORT MYERS FL 33901**

Mailing Address

**4350 ORANGEWOOD AVENUE
FORT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 1314 CAPE CORAL PKWY

2a. Mailing Address

26 1314 CAPE CORAL PKWY

4. FEI Number

650538399

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE # 203

Suite, Apt. #, etc.

27 SUITE # 203

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 CAPE CORAL FL

City & State

28 CAPE CORAL FL

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

7. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes ☐ Yes ☐ No

Zip

24 33904

Country

25 LEE

Zip

29 33904

Country

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, JESSE P
4350 ORANGEWOOD AVENUE
FORT MYERS FL 33901**

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, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

P T

NICHOLAS LUKACOVIC

2902 S.W. 30 ST

CAPE CORAL FL 33914

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

V-S

JESSE P. MORGAN

4350 ORANGEWOOD AVE

FORT MYERS FL. 33901

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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:

Nicholas Lukacovic

NICHOLAS LUKACOVIC

4/14/95

813 542 7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Name

Telephone Number