FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059251 (6)

DIAMOND INVESTIGATIONS INC.

Principal Place of Business Mailing Address				T CONTROL FOR THE TABLE CONTROL OF THE CONTROL OF T		
1314 CAPE CORAL PKWY. 1314 CAPE CORAL PKWY. SUITE #299 SUITE #298 2_96 CAPE CORAL FL 33904 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
"		••			08/09/1994	
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	Applied For
21	26				65-0538399	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & Sta	City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Count	ry	8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent
	Organ, Jesse P		В	1 Name		
1314 CAPE COARL PKWY.				2 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
SUITE 203						
CAPE CORAL FL 33904				3		
			8	4 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					FL	. `
agent. I	am familiar with, and accept the oblining state of the st	gations of, Section 607.0505, F	Florida Statut	es.	ation's board of directors. I hereby accept the app	Dintment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	LUKACOVIC, NICHOLAS		1.2 NAMI			
STREET ADDRESS	2902 S.W. 30TH ST.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY	-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MORGAN, JESSE P		2.2 NAME	[
STREET ADDRESS	4250 ORANGEWOOD AVE.		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2. 4 CITY	-ST-ZIP		
TITLE		DELETE	3.1 TiTLE			Change Addition
NAME			3.2 NAM6			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADORESS		
CITY-ST-ZIP			4.4 CITY	·ST-ZIP		

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

1,42

DELETE

DELETE

7-2-60

9V1 AU2-7779

Change

Addition

Addition

FILED

Mar 11 1998 8:00am

Secretary of State