FILED

03-10-1999 90103 029 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation	NENT # P94000 DIA) INVESTMENTS, INC.	065204						
Principal Place	of Business	Mailing Address				I I # \$ 11 COLUMN TO THE OWNER OF THE OWNER	OLEDI KINCE HON O	91() 919) (94)
101 E. KENNED		101 E. KENNEDY	BLVD.			'		
SUITE 3300 SUITE 3300								
TAMPA FL 33602 TAMPA FL 33602						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 09/02/1994		
2. Principal Pla	ace of Business	2a. Mailing Add	ess			4. FEI Number	<u> </u>	lied For
21	<u>-</u>	26				59-3265926		Applicable
Suite, Apt.	t, etc.	Suite, Apt. #	, etc.	. ~		5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Red	
City & State	•	City & State				6. Election Campaign Financing	55:00 -1	May Be
23		28		Country		Trust Fund Contribution	-	1 663
Zip	Country	Zip		Journa y		This corporation owes the current year Int Personal Property Tax.		□No
24	25 g. Name and Address of Curren	29	30	-т		10. Name and Address of New Registered		
	g, Name and Address of Correct	t Kegistered Agent		81	Name	10.	<u> </u>	
POLL	OCK, GEORGE JR.					(<u>.</u>	
101 E KENNEDY BLVD				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
STE 3300				83				
TAMPA FL 33602							1 1 27 -	
				84	City	FL	85 Zip C	ode
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such char tions of, Section 607.	ige was authori 0505, Florida S	zeo by Statutes	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appointment when reinstation.	changing its intment as reg	registered pistered
	Signature, typed or printed name of registered ager	nt and title if applicable. D DIRECTORS	<u>-</u>	13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AI	UN DIRECTO	RS IN 12
12.	DP OFFICERS AN			.1 TITLE		ADDITIONS/OFFICES TO OFFICERS AF	☐ Change	Addition
] i	MICHAELS, J. PATRICK JR.	۵.		2 NAME				ļ
NAME	101 E. KENNEDY BLVD., STE. 3300			1.3 STREET ADORESS				
STREET ADDRESS	TAMPA FL			1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	V			A CITTLE	1-211		Change	Addition
[•			2 NAME				
NAME STREET ADDRESS	Gordon, Brad A. 101 E. Kennedy Blyd, Ste 3300				T ADORESS			
	TAMPA FL			2.4 CITY-ST-ZIP		•		
CITY-ST-ZIP TITLE	S	<u> </u>		LI TITLE	31-ZIF		☐ Change	Addition
	BURNS, DAVID A.			2 NAME		·		
NAME STREET ADDRESS	101 E KENNEDY BLVD STE 3300			3.3 STREET ADDRESS				}
ļ	TAMPA FL			3.4. CITY-ST-ZIP				
CITY-ST-ZIP	T			L1 TITLE			Change	☐ Addition
NAME	POLLOCK, GEORGE A. JR		4	. 2 NAME		•		
STREET ADDRESS	101 E KENNEDY BLVD STE 33	800			TADDRESS			
CITY-ST-ZIP	TAMPA FL			I.4 CITY-S				
TITLE	FE STATE ET I TO			.1 TITLE			☐ Change	☐ Addition
NAME			5	i.2 NAME			-	ļ
STREET ADDRESS			5	3 STREE	T ADDRESS			1
CITY-ST-ZIP			5	.4 CITY-S	ST-ZIP			
TITLE	-		DELETE 6	1.1 TITLE			Change	Addition
NAME	•		6	.2 NAME				

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 attachmen with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

813-226-8844