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

Mailing Address P.O. BOX 272932

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

561-265-8506

Sandra B. Mortham

Secretary of State

1997

Principal Place of Business

8221 GLADES\_RD.

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13

CITY - ST - ZIF

DOCUMENT # P94000079264 (5)

JW DIAMOND CORPORATION

BOCA RATON FL 33434 **BOCA RATON FL 33427-2932** 3a. Date of Last Report 3. Date Incorporated or Qualified 03/07/1996 01/01/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. Box 272932 Suite, Apt. #, etc. 65-0530962 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country This corporation has liability for intangible tax under s. 199.032, 0.5 Yes No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WASSERMAN, JEFFREY R 8221 GLADES RD: 82 -BOCA RATON FL-83434 RR 84 7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered age agent I am familiar gistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TITLE WASSERMAN, JEFFER YR. WASSERMAN, JEFFREY R 1.2 NAME NAM BOX 272932 STREET ADDRESS 1.3 STREET ADDRESS RATON 1.4 City-St-ZiP City - ST - ZIP Addition \_ DELETE 2.1 TITLE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-21P CITY - ST - ZIP DELETE 3.1 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZP DELETE Addition TITLE 51 TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119/07(3)(4). 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 of 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