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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DIANE ETHIER, INC.



DOCUMENT # P95000027481

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 25, 1999 8:00am Secretary of State

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Principal Place of	of Business	Mailing Address						
250 HYACINTH CIRCLE SOUTH 4250 HYACINTH CIRCLE SOUTH				7,110	CDACE			
ALM BEACH GA	RDENS FL 33410	PALM BEACH GARD	CNO IE OSTIO			DO NOT WRITE IN THIS	SPACE	
		•				3. Date Incorporated or Qualifed		]
						04/03/1995		
	·	Address				4. FEI Number		ed For oplicable
Principal Place of Business 2a. Mailing Address			65-0577736 Not.		pplicable			
26			<del></del>	\$8.75 Add	ditional 📑			
Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requ	ired				
27					\$5.00 M	av Be		
City & State				6. Election Campaign Financing	Added to	-		
City & State		28				Trust Fund Contribution		
3	0	Zip	Cou	intry		8. This corporation owes the current year Int	angible	]No .
Zip	Country	. <b>—</b> '	30			Personal Property Tax.		1140
4	25	29	1301	т—		10. Name and Address of New Registered	Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Name			İ
		A Company of the Comp		["			<del> </del>	
ETHIE	er, diane			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
4250	HYACINTH CIRCLE SOUTH			1 1			F 1 184 F 281 6	(2) ((3) (84)
7230	BEACH GARDENS FL 33410			83	<u> </u>		1 1 1 1 1 1 1 1	2 3 44
PALM	BEACH GARDENS I'E SOTIO				L		85 Zip Co	ode
	•			84	City	FL	_	Ļ
	•			!	<u> </u>		Cobanging its f	egistered
33.5	to the provisions of Sections 607.0	502 and 607.1508, Florid	a Statutes, the	above	e-named corp	ion's board of directors. I hereby accept the appo	intment as regi	istered
11. Pursuant	egistered agent, or both, in the Stat	te of Florida. Such chang	e was autnorize 505. Florida Sta	ea by itutes	ine corporar	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo		
agent. I ar	egistered agent, or both, in the Stat in familiar with, and accept the obli	gations of, Section 607.0	305, 1 londa etc					
						red when reinstating); ( ) DATE		
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.			, ang.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.	OFFICERS /	AND DIRECTORS	13		—— <sub>Т</sub>	and the second second	Change	☐ Addition
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NAME				NAME	l l			Į
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CITY-ST-ZIP	PSD   PSD		SELETE 6	.4 CITY .1 TITLE .2 NAM 3.3 STRI	E.	Service 110 07/3V(). Florida Statutes, i further		

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, with all other like empowered.

SIGNATURE:

CASIGNITURED REQUIRED

/4/99 Date 561-626-4988 Daytime Phone #

CR2E034 (11/98)