FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000035521 (0)**

1. Corporation Name

BLACK DIAMOND OF GREATER ORLANDO, INC.

Principal Place of Business		Mailing Address
2202 CURRY ROD RD SUITE "B" ORLANDO FL ~~32807~~	2202 Curry Ford Rd Suite B 32806	2202 CURRY ROD RD SUITE "B" ORLANDO FL ~~32807~~

2. Principal Place of Business	2a. Mailing Address
21 2202 Curry Ford Rd	26 P.O. Box 23458
Suite, Apt. #, etc. 22 Suite D	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL.	City & State 28 Fort Lauderdale, FL
Zip / Country 24 32806 / 25 ~~Orange~~ USA	Zip / Country 29 33307-3458 / 30 ~~Broward~~ USA

3. Date Incorporated or Qualified: 05/05/1995

3a. Date of Last Report:

4. FEI Number: 65-0638441 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAURA L. BROGAN, P.A.
540 E MCNAB RD
SUITE C
POMPANO BEACH FL 33066

10. Name and Address of New Registered Agent

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 Section 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WINTER, JOHN T		12 NAME	
STREET ADDRESS	990 SE 5TH CT		13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WINTER, JANICE T		22 NAME	
STREET ADDRESS	990 SE 5TH CT		23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, JASON L		32 NAME	
STREET ADDRESS	331 SW 18TH CT		33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is currently furnished and 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 business entrusted 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: Janice T. Winter ~~DIR~~ Director — 3/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)