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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000035521 (0)

1. Corporation Name

BLACK DIAMOND OF GREATER ORLANDO, INC.

Principal Place of Business

2202 CURRY FORD ROAD  
STE D  
ORLANDO FL 32806  
US

Mailing Address

PO BOX 23458  
FT LAUDERDALE FL 33307-3458  
US

3. Date Incorporated or Qualified  
05/05/1995

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 MONAB RD  
SUITE C  
POMPANO BEACH FL 33068

10. Name and Address of New Registered Agent

81 Name

DANIEL E. DATES, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1500 E. ATLANTIC

83

"B"

84 City

POMPANO

FL

85 Zip Code

33068

11. Pursuant to the provisions of Sections 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

Signature of person named name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WINTER, JOHN T  
STREET ADDRESS 990 SE 5TH CT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME WINTER, JANICE T  
STREET ADDRESS 990 SE 5TH CT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME THOMPSON, JASON L  
STREET ADDRESS 331 SW 18TH CT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

2/11/97 954 786-2021

Date

Daytime Phone #

0000241

CR2E034 (9/96)