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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

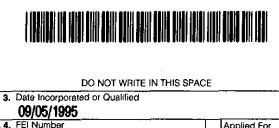
DOCUMENT #

P95000068146 (6)

HM DIAMONDS, INC.

Principal Place of Business	Mailing Address
7500 WEST COMMERCIAL BLVD. LAUDERHILL FL 33319	7500 WEST COMMERCIAL BLVD. LAUDERHILL FL 33319

## **FILED** Feb 18 1998 8:00am Secretary of State



2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	.4. FEI Number	Applied For	
21		26		65-0643633	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	·	G. Garanoute of Glade Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ziρ	Country	8. This corporation owes or has paid the curr		
24	25		30		Yes No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent TDI NAME 81 Name						
INDOW, ACIO						
	O W. COMMERCIAL BOULEVAR	t Address (P.O. Box Number is Not Acceptable)				
LAI	JDERHILL FL 33319		83			
l			83			
			34 City		85 Zip Code	
				FL PL		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	autho by the co	d corporation submits this statement for the purpose of rporation's board of directors. I hereby accept the appo	changing its registered   bintment as registered	
agent I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida les.	,		
SIGNATURE					<del></del> {	
	Signature, typed or printed name of registered age			re required when reinstating) DATE	D/DEGEOGRAPHIA	
12.	OFFICERS AN			ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
TITLE	Ρ	DELETE	1. TLE		Change T Appunou	
NAME	MARSHAK, HAROLD		1.25 AME			
STREET ADDRESS	7500 WEST COMMERCIAL BI	.VD., STE. 5	1.3 TREET ADDRESS		į	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	<u>_</u>	1.4 ITY+ST+ZIP			
TITLE	٧	☐ DELET <b>e</b>	2.tentle		Change Addition '	
NAME	MARSHAK, MERYL		2.2 AME			
STREET ADDRESS			2.3 TREET ADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		2. CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TOTLE		Change Addition	
NAME			4. 2 NAME		ľ	
STREET ADDRESS			4.3 STREET ADDRESS	·		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
SINCE MOUNESS					1	

14. Thereby 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. 2/11/88 964.741.4746

6.4 CITY - ST - ZIP