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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074277

DIAMOND "S" DEVELOPMENT CORPORATION

Principa	al Place of B	lusiness
EACA W	COENCHAM	CTDEET

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90001 025 ***150.00



Principal Place	e of Business	Mailing Address			·			
Old II. OllEllorum Direct.		• • • • • • • • •	5454 W. CRENSHAW STREET					
TAMPA FL 336	34	TAMPA FL 33634			DO NOT WRITE IN TI	IIS SPACE		
	·				3. Date Incorporated or Qualifed			
					09/26/1995			
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	Ų.
26				59-3355174	No	t Applicable	3	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additi		Additional	2
22	,	27			5. Certifcate of Status Desired	Fee Re	equired	•
City & Stat	le	City & State	=		6. Election Campaign Financing	\$5:00	May Be	J-22
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		p==1	
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent		
			[81 Name	•			
HUE SHORE-R	BBS, ROBERT S P.A. 9 SWANN AVE	CORNTON.	1	82 Street Add	ress (P.O. Box Number is Not Acceptable)			
		A SOLE LINES			10 To	2 240 . 9 255 up	201 -011 1631	
IAM	IPA FL 33609		[83			100	
			ħ	84 City	The state of the s	85 'Zip	Code " 1 1 7 2	
ingen eth eterre	re]					
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida States of Florida, Such change was	tutes, the ab	ove-named corp by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as re	gistered	
agent. I a	em familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statul	tes.	poration submits this statement for the purpost ion's board of directors. I hereby accept the ap			
SIGNATURE								
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO ID DIRECTORS	TE: Registered A	agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12.	Š
12.		DELETE	1.1 TITL	F T		☐ Change	Addition	- A
TITLE	D SCAGLIONE, RONALD E		1.2 NAM					
NAME	FACA IN OPENCHAMI OF			REET ADDRESS			*	ć
STREET ADDRESS	TAMPA FL 33634			Y-ST-ZIP	• •			
CITY-ST-ZIP TITLE	TD	☐ DELETE	2.1 TITL			Change	, 🔲 Addition	Č
	SCAGLIONE, YVONNE		2.2 NAA				***	l
NAME	FACE IN OPENOUSE OF		1	REET ADDRESS	•			l
STREET ADDRESS	TAMPA FL 33634	ه روح در المطاح والرو		Y-ST-ZIP	•			l
CITY-ST-ZIP	TAINT ATE 33004	DELETE:		E	را المستخدم من المائد المنتها عن الإنتها المنتها المنتها المنتها المنتها المنتها المنتها المنتها المنتها المنتها	Change	Addition ,	
NAME (1)		•	3.2 NAM		• • •			ı
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CITY-ST-ZIP	774 FL 2000 FL		3.4. C/T	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		建加州党	l
TITLE		☐ DELETE	4.1 TITI		1. 100 1. 1 11 11 2 2 2 2 2 2 2 1 1 1 1 1 1 1	☐ Change	Addition	ĺ
NAME	•		4. 2 NA	ME				İ
STREET ADDRESS	elastic de la	4					•	ı
CITY-ST-ZIP	1,"		4.3 STF	REET ADDRESS				
TITLE		Part of the second		Y-ST-ZIP		·		
NAME	,	☐ DELETE		Y-ST-ZIP		Change	☐ Addition	
		☐ DELETE	4.4 CIT	Y-ST-ZIP LE		Change	☐ Addition	
STREET AUDRESS		☐ DELETE	4.4 CIT 5.1 TITI 5.2 NAI	Y-ST-ZIP LE	•	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	s •	☐ DELETE	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STE	Y-ST-ZIP LE ME				
STREET AUDRESS CITY-ST-ZIP TITLE	December 1991 Section 1991	☐ DELETE	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STE	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	•	Change	☐ Addition	4.7
CITY-ST-ZIP TITLE	8684.0401341141 8686.07131341141		4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	•			
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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.