

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000074973 (5)

1. Corporation Name
DIAMOND WASH INC.

Principal Place of Business: 2553 N ATLANTIC AVE. SUITE 202 DAYTONA BEACH FL 32118-3203	Mailing Address: 2553 N ATLANTIC AVE. SUITE 202 DAYTONA BEACH FL 32118-3203
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2. Principal Place of Business 21 630 S. YONGE ST. Suite, Apt. #, etc. 22		2a. Mailing Address 26 630 S. YONGE ST. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 09/26/1995	3a. Date of Last Report 05/01/1996
23 ORMOND BEACH, FL City & State 24 32174 Zip 25 VOLUSIA Country		28 ORMOND BEACH, FL City & State 29 32174 Zip 30 VOLUSIA Country		4. FEI Number 59-3340250	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MACLEAN, MATTHEW P 2 14TH LANE ST AUGUSTINE BEACH FL 32084				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 10 OAK ROAD	
				83	
				84 City ST. AUGUSTINE BEACH	85 Zip Code 32084

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, typed or printed name of registered agent as a title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PS	NAME MATTHEW P. MACLEAN	<input type="checkbox"/> DELETE		1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2 14TH LANE				1.2 NAME			
CITY - ST - ZIP ST AUGUSTINE BEACH FL				1.3 STREET ADDRESS 10 OAK ROAD			
TITLE TV	NAME SUSAN L. MACLEAN	<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP ST. AUGUSTINE BEACH, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2 14TH LANE				2.1 TITLE TV			
CITY - ST - ZIP ST AUGUSTINE BEACH FL				2.2 NAME			
				2.3 STREET ADDRESS 10 OAK ROAD			
				2.4 CITY - ST - ZIP ST. AUGUSTINE BEACH, FL 32084			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *Susan L. MacLean* **SUSAN L. MACLEAN** 4/22/97 904/254-7934

CR2E034 (9/96)