SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P95000075222 (6)

NEW YORK DIAMOND CENTER OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
28540 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34625	28540 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34625

Oct 07 1998 8:00am Secretary of State



28540 U.S. HIGI CLEARWATER F	HWAY 19 NORTH EL 34625	28540 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34625				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1995			
2. Principal Place of Business 2a. Malling Address						4. FEI Number Applied For			
21		26	26			59-3339278 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27				ree Required			
City & State	Ð	F1 '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntrv		This corporation owes or has paid the current year Intangible			
24	25	29	30	,,,,		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre					10. Name and Address of New Registered Agent			
FFRI	NANDEZ, KRISTOPHER E ESQ.			81 Name					
705 WEST AZEELE STREET					82 Street Address (P.O. Box Number is Not Acceptable)				
	PA FL 33606				50.00	Tradition (.c. box Humbol to Hot recording)			
				83					
				84	City	FL 85 Zip Code			
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, typod or printed name of registered agr	ont and title if applicable.	(NOTE: Registe	red A	gent sign	ature required when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TIT	LE		Change Addition			
NAME			1.2 NA	ME					
STREET ADDRESS 28540 U.S. HIGHWAY 19 NORTH		RTH	1.3 ST	REET	ADDRES	S			
CITY-ST-ZIP			1.4 CI		-ZIP				
TITLE		DELETE				Change Addition			
NAME	•		2 2 NA			·			
STREET ADDRESS				2.3 STREET ADDRESS		8			
CITY-ST-ZIP			2 4 CI		-ZIP				
TITLE		L DELETE				Change Addition			
NAME			3 2 NA		ADDDES				
STREET ADDRESS					ADDRES:				
CITY-ST-ZIP TITLE				3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition			
NAME		[] DELETE	4.2 NA			Cuange [] Addition			
STREET ADDRESS					ADDRES	s			
CITY-ST-ZIP			4.4 CI						
TITLE		DELETE				Change Addition			
NAME			5.2 NA			Jinnigo L. Hosilon			
STREET ADDRESS					ADDRES	s			
CITY-ST-ZIP			5.4 CI						
TITLE		DELETE				Change Addition			
NAME		[Detc./c	6.2 NA						
STREET ADDRESS					ADDRES	s			
CITY-ST-ZIP			6.4 CI						

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.