

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).


FILED

98 AUG 11 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000085572 (2)**
1. Corporation Name

DIAMOND DESTINATIONS, INC.

Principal Place of Business 10730 US HIGHWAY 19 SUITE 2 PORT RICHEY FL 34688 US	Mailing Address 8748 FOREST LAKE DRIVE PORT RICHEY FL 34688
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2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 2 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/07/1995	4. FEI Number 59-3342901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCHMIDT, MARK 10730 US HIGHWAY 19 SUITE 2 PORT RICHEY FL 34688	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 10730 US Hwy 19 Ste 2	
84 City	85 Zip Code
FL	

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GRAZIAPLENE, MATT
STREET ADDRESS	8748 FOREST LAKE DRIVE
CITY-ST-ZIP	PORT RICHEY FL 34688
TITLE	VD <input type="checkbox"/> DELETE
NAME	GRAZIAPLENE, MATTHEW A
STREET ADDRESS	8748 FOREST LAKE DRIVE
CITY-ST-ZIP	PORT RICHEY FL 34688
TITLE	STD <input type="checkbox"/> DELETE
NAME	GRAZIAPLENE, FRANCES
STREET ADDRESS	8748 FOREST LAKE DRIVE
CITY-ST-ZIP	PORT RICHEY FL 34688
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	vice president
4.3 STREET ADDRESS	Nelson Kellis
4.4 CITY-ST-ZIP	10730 US Hwy 19 Ste 2
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

MATT GRAZIAPLENE 7/6/98 861-5339

CR2E034 (5/98)

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Diamond Destinations Inc.
10730 US Hwy 19 Ste. 2
Port Richey, Fl 34668

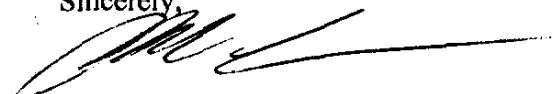
07/06/98

Re: Missing Payment

I recieved a second notice that we needed to send our payment for our corporate report. We had already sent the payment back in April, so I contacted your office and informed the gentleman that we had sent check #1026 out on April 8 . He checked the records and could not find our payment so he said we need to send a check for the \$150 and a letter stating that we had already sent in the paperwork and payment.

If there is additonal information required please contact me at 727-861-5339.

Sincerely,



Matt Graziaplene