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

PROFIT

SIGNATURE: _

CORPORATION ' Katheripe Harris FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 AUG 18 PM 1:55 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 6940 WILLOUGHBY DO NOT WRITE IN THIS SPACE ORLANDO FC 32812 3. Date Incorporated or Qualifed 1996 4. FEI Number 3351222 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 **Trust Fund Contribution** 28 Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JON SIKOrsky President Street Address (P.O. Box Number is Not Acceptable) 83 City 84 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 regist (red 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 697.0505, Florida Statutes.

SIGNATURE SIGNATURE or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition TITLE President 1.2 NAME NAME JON SIKOYS STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 600002975256-04 -08/31/99--01086--003 TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE ☐ DELETE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 flustee impowered 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.

FLORIDA DEPARTMENT OF STATE

7/22/99

Dear Sir or Madam,

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I nevre received a bill since January and was told when I called last week to simply state this and mail in \$150.00. Please also understand I have taken a W2 type job as an employee for the central florida light rail system which may or may not continue based on politics, so I would still like to keep my corporation just in case...

Sincerely, Jon Sikorsky President Diamond Quest

