May 10, 1999 8:00 am Secretary of State

05-10-1999 90014 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004982

1. Corporation Name

SILVER [DIAMONDS, INC.					
Oringinal Place	of Business	Mailing Address			i (Section) tim texte exist entit entit entit entit entit ent	II AAIII GIBIG IGIGI IBRIG IIBR IGGI
7000 - 73RD ST. NORTH P.O. BOX 12021 PINELLAS PARK FL 34665 ST. PETERSBURG FL 33733						
		US			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
	•				01/16/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3393871	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	гу	8. This corporation owes the current year	
24	25	29 3	30		Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent
000	DODATION OFFICE COMPANI		1	11 Name		
CORPORATION SERVICE COMPANY			Ī	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET			L			
IALL	AHASSEE FL 32301-2525		1	13		
िक रहें।	•		Į,	4 City	F	85 Zip Code
44	to the provisions of Continue 607.05	502 and 607 1508 Florida Statute	the ab	ve-named co	ornaration submits this statement for the numase	of changing its registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	tnonzea i	y the corpora	ation's board of directors. I hereby accept the app	pointment as registered .
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F	Registered A	gent signature req	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 TJTL	E		☐ Change ☐ Addition
NAME	CURRAN, PATRICK J		1.2 NAM	E)		
STREET ADDRESS	7000 - 73RD ST. NORTH		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34665		1.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	2.1 TITL	E		☐ Change ☐ Addition ☐
NAME			2.2 NAN	E		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP			2.4 CIT	r-ST-ZIP		
TITLE		DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME			3.2 NAN	E -	The second secon	
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME			4. 2 NA	AE		†
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITU	1		☐ Change ☐ Addition
, NAWE			5.2 NAA	E		Ţ
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME			6.2 NA	E		
STREET ANDRESS			6.3 STR	EET ADDRESS		

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 anticachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

727-418-2519