## 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 # P96000012463

DIAMOND AIRE OF VENICE, INC.

Principal	Place	of	Business

Mailing Address

317 PARK BLVD., NORTH VENICE FL 34285

317 PARK BLVD., NORTH VENICE FL 34285

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

FILED Feb 19, 1999 8:00 am

Secretary of State

02-19-1999 90139 031 \*\*\*150.00

02/08/1996 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-06413<u>18</u> 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year intangible Country Zip Zip Country Yes Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUNTER, LEIGHTON W

317 PARK BLVD., NORTH **VENICE FL 34285** 

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
	95 Zin 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.

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SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	egistered Agent signature required	f when reinstating)	DATE	<u></u>	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE	,		Change	· Addition
NAME	HUNTER, LEIGHTON W		1.2 NAME				
STREET ADDRESS	317 PARK BLVD., NORTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME.	CLAXTON, RAYGHTON W		2.2 NAME				
STREET ADDRESS	7099 FRUITVILLE ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34240		2.4 CITY-ST-ZIP			<b>57.0</b> 1	- Addistan
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CiTY-ST-ZIP			3.4. CITY-ST-ZIP			Ob	- [-] Addition
TITLE		☐ DELETE	4.1 TITLE		Anti	~ Change ·	- ·[-] Addition
NAME			4. 2 NAME			•	
STREET ADDRESS	1		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Chanco	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 TITLE			□ Citalige	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
	I .		A A CITY OF ZID				

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, with all other like empowered.

SIGNATURE: