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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019951 (8)

DIAMOND CAR CARE, INC.

:							
Principal Place of Business	Mailing Address	I TOURIDON FIN INTO BEEN CONTROL OF THE	A DI DI. LIGIG TGJISH KATAT BILAH 1981 1981				
B150 FOXHALL DRIVE SOUTH WEST PALM BEACH FL 33417							
:		3. Date Incorporated or Qualified	3a. Date of Last Report				

FILED Apr 21 1997 8:00am Secretary of State

	PALM BEACH FL 33			EST PALM BEACH FL 3								
							i	-	Date Incorporated or Qualified 03/05/1996	3a. Date	e of La	ast Report
2. Prir	ncipal Place of Busi	ness	28	. Mailing Address				4.	65-0647	264		Applied For
Sull 2	te, Apt. #, etc.		26	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Not Applicable 75 Additional ee Required
City 3	y & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees
Zip		Country 25	29	Zip	30 Cou	ntry		8.	This corporation has liability for in Florida Statutes	ntangible ta Yes 🏻		der s. 199.032,
	g, Name	and Address of Currer	nt Regis	stered Agent				10.	Name and Address of New Reg	Istered A	jent	
		L DRIVE SOUTH				81 82	Namo Street Addres	s (P	O. Box Number is Not Acceptab	e)		
WEST PALM BEACH FL 33417												
						63			•			
						84	Cily			FL	85	Zip Code
of	fice or registered ag		of Flori	da. Such chango was a	authorized	d by	the corporation		n submits this statement for the proposed of directors. I hereby accep			

office or re agent. I a	egistered agont, or both, in the State of Florida. Such of mamiliar with, and accept the obligations of, Section 6	iorida Statutes, hange was aut 607.0505, Florid	, the above-harried (horized by the corp la Statutes.	corporation submits this poration's board of direc	s statement for the purpose stors. I hereby accept the ap	or changing in pointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: 6	legistered Agent signature r	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	6.407.617	1 3.		HANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	SHUCHART, EUGENE		1.2 NAME			_	
STREET ADDRESS	5150 FOXHALL DRIVE SOUTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33417		1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME		1		
STREET ADDRESS		'	23 STREET ADDRESS	• •			
CITY-ST-ZIP		i	2 4 C(1Y-ST-Z(P		•		
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				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - 7IP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP		1		
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREET ADDRESS				
CITY ST. 3ID			64 City, St., 7ip				

14. Ido 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.