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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000022158 (5)

CERII	IFIED DIAMOND INVEST	MENTS, INC.								
Principal Place	e of Business	Mailing A	ddress				4 (BOLEBUS ALD ADDIED BLUIT BOLES DOLLS BOLLS BOLLS	IV 14819 (1981 (1)	OU GIADA JOSÉ IDA	
	PANO BEACH FL 33064  POMPANO BEACH FL  Sipal Place of Business  2a. Mailing Address 25  Suite, Apt. #, etc.  City & State  27  Suite, Apt. #, etc.  City & State  28  Country  25  29  9. Name and Address of Current Registered Agent  POSNER, ALAN 4270 NW 19TH AVENUE  SUITE D  POMPANO BEACH FL 33064  Suant to the provisions of Sections 607.0502 and 607.1508, Florida Statuse or registered agent, or both, in the State of Florida Such change was int 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statuse of Florida S			į						
							DO NOT WRITE IN THIS SPACE			
POMPARO	BEACH FL 33004	POMPA	AND REACH EL 3	K3U64			3. Date Incorporated or Qualified			
							03/07/1996			
2. Principal Pi	lace of Business	2a. Mailin	7				4. FEI Number		Applied For	
н		26					65-0645555		Not Applicat	
Suite, Apt	#, etc	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
2							4. Continuate of Olatos Desired	Fee	Required	
City & State	0	<b>├</b> ─ `	State				6. Election Campaign Financing		00 May Be	
3							Trust Fund Contribution		ed to Fees	
Zip	ь ′	<b>⊢</b>		Cour	ntry		8. This corporation owes or has paid the			
<u> </u>				30			Personal Property Tax due June 30.	☐ Yes	□ No	
		rrent Registered A	lgent		81	Name	10. Name and Address of New Registers	a Agent		
_	<del>-</del>			L	83	0		7221 3		
				l'	84	City	F	L  85   Zi	ip Code	
SIGNATURE		_					ocration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)  DATE		g its registered as registered	
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	D		DELETE	1.1 1(1)	Lŧ			Chang	e 🔲 Addit	
NAME	POSNER, ALAN			1.2 NAJ	ME					
STREET ADDRESS	4270 NW 19TH AVENUE	STE D		1.3 STF	REET AL	DORESS				
CITY-ST-ZIP	POMPANO BEACH FL 3	3064		1.4 CIT	Y-\$T-	ZIP				
ITLE			DELETE	2.1 TITU	LE			Chang	e 🔲 Additi	
NAME				2.2 NA	ME					
STREET ADDRESS				2.3 STR	REET AL	DORESS				
CITY-ST-ZIP				2. 4 CF	TY- <u>ST</u> -	ZIP	·			
TITLE			DELETE	3.1 TIT	LE			☐ Chang	e 🔲 Additi	
VAME				3.2 NA	ME					
STREET ADDRESS				3.3 STR	REET AL	ODRESS				
CITY-ST-ZIP				3.4. CIT	IY-ST-	ZIP				
TITLE			DELETE	4.1 TITL	LE			☐ Chang	e 🔲 Additi	
NAME				4.2 NA	ME					
STREET ADDRESS				4.3 STB	AFFT AC	ODRESS				

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 13 if changed. good and all achieves the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed. good particularly and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

**SIGNATURE:** 

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

DELETE

DELETE

Addition

Addition

**FILED** 

May 01 1998 8:00am

Secretary of State