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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000023655 (9)

DIAMOND PRESSURE CLEANING, INC.

FILED Mar 26 1997 8:00am Secretary of State



Principal Prace of Business	Mailing Address			***************************************	4/1/ /00/
P.O. BOX 180263 CASSELBERRY FL 32718-0263	P.O. BOX 180263 CASSELBERRY FL 32718	-0263			
			3. Date Incorporated or Qualified 03/13/1996	3s. Date of Last Re	port :
Principal Place of Business	2a. Mailing Address		4. FEI Number		plied For
21 3660 Hawthorne Lane	26				1 Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Winter Park, Floride	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	B. This corporation has liability for i		199.032.
24 32792 25 U.S. 9. Name and Address of Curr	29	[30]	Florida Statutes 10. Name and Address of New Re-	Yes No	·····
HARRELL, RICHARD L 1119 POINTE NEWPORT TERRACE CASSELBERRY FL 32707		81 Name DWANN 82 Street Add 3 L 6 0 83	des C. Kvalheim dress (P.O. Box Number is Not Acceptab Hawthorne Lane		Code 7 43
11. Pursuant to the provisions of Sporton 2807 of office or registered again, or offin further agent. Lary tappliar with, and accept the first SIGNATURE	DINAYNE	utes, the above-named co s authorized by the corpora Florida Statutes. KVALHETM OTE: Registered Agent signature req		ourpose of changing its the appointment as	s registered registered
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
TILL President	DELETE	1.1 TITLE P	resident	Change	Addition
NAME Richard Lee Harrell		1.2 NAME	wayne c. Kvalheim		
STREET ADDRESS 1119 Pt. NewPort Ter	r.#211	1.3 STREET ADDRESS 3	660 Hawthorne Lane		
City-ST-ZIP Cosselberry, Fl.	32707		linter Park, Florida 3	2192	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	☐ DELETE	2.1 TITLE	·	Change	Addition
NAME		2 2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP	DELETE	2.4 CITY-ST-ZIP		Change	Additio
THILE	☐ DELETE	3.1 TITLE		C Change	E HOURD
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
City St - 2iF	DELETE	3.4. C(TY-ST-Z(P 4.1 TITLE		Change	. Additio
TITLE		4, 2 NAME			
NAME					
STREET ADDRESS		4.3 STREET ADDRESS			
CITY ST-70F	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Additio
THE		5.2 NAME			
NAME OF A PERMISON					
STREET ADORESS		5 3 STREET ADDRESS			
City-St-7P	DELETE	5 4 CHY-ST-ZIP 61 TITLE		Change	Additio
MILE	F" DEFEIR	•		Emil Orienty's	
NAME		6 2 NAME			
STHEET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-7IP		6.4 CITY-ST-ZIP	The state of the s		

14. I do 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.

SIGNATURE

Richard Handly

NATE O NAME OF SIGNING OFFICER OF DIRECTOR

01-05-97

(401) 831-449 L