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

Mailing Address

PLANTATION FL 33324

Suite, Apt. #, etc.

2a. Mailing Address

8211 W. BROWARD BLVD., #200.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025950 (2)

IKE DIAMONDS INC.

Principal Place of Business

PLANTATION FL 33324

Suite, Apt. #, etc.

SIGNATURE:

8211 W. BROWARD BLVD.. #200

2. Principal Place of Business

City & State City & State 28 Zip Country 24 25 29 9. Name and Address of Current Registered Agent Name DREUCH, LEE 8211 W. BROWARD BLVD., #200 Street Address **PLANTATION FL 33324** 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE PETERS, IKE 1.2 NAME NAME 8211 W. BROWARD BLVD., #200 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ___ Addition DELETE Change TITLE 3.1 TITLE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 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 ortrustee endowered 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.

FILED Feb 23 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPACE				
3.	Date Incorporated or Qualified	_			
_	03/25/1996			 	
4.	FEI Number		-	Applied For	
	65-0653298			Not Applicable	
5.	Certificate of Status Desired			\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
8.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
D. Name and Address of New Registered Agent					
(P.O. Box Number is Not Acceptable)					
		FL	85	Zip Code	
tior s b	n submits this statement for the loard of directors. I hereby acce	purpose of pt the app	chang ointme	ging its registered ant as registered	
hen	reinstating)	DATE			
1	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRE		
			T Cr	nange Addition	

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