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 # P96000032641 (8)

DIAMOND BEACH PROPERTIES, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- (186168) um ibile billi abili abili bălii bălib dilie libit bilii bili	n tine imme
642 N. UNIVERSITY DRIVE PLANTATION FL 33324 US		642 N. UNIVERSITY DRIVE PLANTATION FL 33324 US				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 04/10/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Ap	plied For
21		26				65-0661928 No	Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired	
City & State	9	City & State	28			6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to	
Zip	Country Zip Co		Cou	intry	•	8. This corporation owes or has paid the current year Inta	
24	25 29 30		30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
LANG, HARVEY				81	Name		
642 N. UNIVERISTY DRIVE PLANTATION FL 33324				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
. –				83			
				84	City	85 Zip C	Code
					· 1	FL) `	
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. SIGNATURE Signature, typical or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	PTSD	DELETE				Change	Addition
NAME	LANG, HARVEY		1.2 N	AME			
STREET ADDRESS	642 N. UNIVERSITY DRIVE	1.3		TREET	ADDRESS].
DITY-ST-ZIP	PLANTATION FL		140	ITY-S	IT-ZIP		
TITLE		☐ DELETE	2.1 Ti			Change	Addition
NAME	22		2.2 N	2.2 NAME			
STREET ADDRESS			2.3 S	TREET	ADDRESS		
CITY-ST-ZIP			2.40	ITY-S	ST-ZIP	· · ·	
TITLE	DELETE 3.		TE 3.1 T			Change	Addition
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS			
CITY-ST-ZIP	■			OTY-S	ST-ZIP		
TITLE		DELETE	4.1 TI	TLE		☐ Change	Addition
NAME			4.21	IAME	İ		
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP			4.4 C	ITY - S	IT-ZIP		
TITLE		☐ DELETE	5.1 T	TLE		Change	Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-S	IT-ZIP		
TITLE		☐ DELETE	6.1 T	TLE		☐ Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS : 6				TREET	ADDRESS		j
			640	ITV C	7 70		

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.

254) 382-1025