

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

0388534

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90025 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036863

1. Corporation Name
DIAMONDBACK, INC.



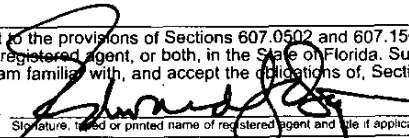
Principal Place of Business 4320 WEST KENNEDY BOULEVARD TAMPA FL 33609	Mailing Address 4320 WEST KENNEDY BOULEVARD TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4913 Pilgrims Pathway Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33611 Country 25 USA		2a. Mailing Address 26 4913 Pilgrims Pathway Suite, Apt. #, etc. 27 City & State 28 Tampa Zip 29 FL Country 30 33611		3. Date Incorporated or Qualified 04/22/1996	
		4. FEI Number 59-3377521		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERGIN, EDWARD J 4320 WEST KENNEDY BOULEVARD TAMPA FL 33609		10. Name and Address of New Registered Agent 81 Name BERGIN, EDWARD J. 82 Street Address (P.O. Box Number is Not Acceptable) 4913 PILGRIMS PATHWAY 83 84 City TAMPA FL 85 Zip Code 33611	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **3/10/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGIN, EDWARD J 4320 WEST KENNEDY BOULEVARD TAMPA FL 33609 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D BERGIN, EDWARD J. 4913 Pilgrims Pathway TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGIN, MARY 4320 WEST KENNEDY BOULEVARD TAMPA FL 33609 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D BERGIN, MARY 4913 Pilgrims Pathway TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  **EDWARD J. BERGIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/10/99** Daytime Phone # **813/851-3131**

CR2E034 (11/98)