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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant 📲 🕬

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000053495 (3)

DIAMOND CAPITAL RESOURCES, INC.

Mailing Address Principal Place of Business 2255 GLADES ROAD STE 236W 2255 GLADES ROAD STE 236W **BOCA RATON FL 33431** BOCA RATON FL 33431-7391 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0688873 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. R. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Zip Country Ζıρ Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRANK, WILLIAM H 2255 GLADES ROAD STE 236W 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 'Zip Code 1). 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. WILLIAM AFRANK PRES! Change ___ Addition TITLE 1.1 TITLE 1.2 NAME NAME 2255 GLADES RD SHE VOLW 1.3 STREET ADDRESS STREET ADDRESS BOCA RATION FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP Change ■ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-20P 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5 1 TITLE THEE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CHTY-\$1-20F Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Ido 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

GNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-17-97

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FILED

May 16 1997 8:00am

Secretary of State