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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90138 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057649

1. Corporation Name
DIAMOND PLAYERS MANAGEMENT COMPANY, INC.

Principal Place of Business 1501 INDIAN ROCKS RD BELLEAIR FL 33756 US	Mailing Address 1501 INDIAN ROCKS RD BELLEAIR FL 33756 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2700 SWEETWATER CLUB DR. Suite, Apt. #, etc.	2a. Mailing Address 26 2700 SWEETWATER Suite, Apt. #, etc.
22	27
23 City & State Apopka FL	28 City & State Apopka FL
24 Zip 32712	29 Zip 32712
25 Country	30 Country

3. Date Incorporated or Qualified 07/09/1996	
4. FEI Number 59-3420226	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRAY, D L
 201 NORTH FRANKLIN STREET
 SUITE 2100
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name PATRICK O'CONNOR	
82 Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Rd	
83 Suite Suite 160	
84 City CLEARWATER	85 Zip Code FL 33764

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]* DATE: **2/22/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GAGLIARDI, GREGG	
STREET ADDRESS	1651 SANTA BARBARA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STOTTLEMURE, TODD	
STREET ADDRESS	1306 CLMS TR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2700 SWEETWATER COUNTRY CLUB DR.
1.4 CITY-ST-ZIP	Apopka, FL 32712
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STOTTLEMURE, TODD
2.3 STREET ADDRESS	944 RUE DE CHATEAUX
2.4 CITY-ST-ZIP	FARON SPRINGS, FL 34689
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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: *[Signature]* (GREGG) GAGLIARDI DATE: **2-3-99** DAYTIME PHONE #: **407-884-4743**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)