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Secretary of State

03-04-1999 90138 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000057709

1. Corporation Name
DIAMOND PLAYERS CLUB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1501 INDIAN ROCKS RD
 BELLEAIR FL 33756
 US**

Mailing Address
**1501 INDIAN ROCKS RD
 BELLEAIR FL 33756
 US**

3. Date Incorporated or Qualified
07/09/1996

4. FEI Number
59-3420239

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. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **2700 SWEETWATER**

22 Suite, Apt. #, etc. **COUNTRY CLUB DR.**

23 City & State **APOPKA FL**

24 Zip **32712**

25 Country

26 **2700 SWEETWATER**

27 Suite, Apt. #, etc. **COUNTRY CLUB DR.**

28 City & State **APOPKA FL**

29 Zip **32712**

30 Country

9. Name and Address of Current Registered Agent
**GRAY, D L OCKWOOD
 201 NORTH FRANKLIN ST.
 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 160**

84 City **CLEARWATER FL**

85 Zip Code **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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/22/99**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P STOTTLEMYRE, TODD V**

STREET ADDRESS **944 RUE DE CHATEAUX**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE DELETE

NAME **VP GAGLIARDI, GREGG**

STREET ADDRESS **1651 SANTA BARBARA DR**

CITY-ST-ZIP **DUNEDIN FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **2700 SWEETWATER COUNTRY CLUB DR**

2.4 CITY-ST-ZIP **APOPKA FL, 32712**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 2-3-99 407-889-4743**

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

CR2E034 (1/98)