


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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90078 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000076149					
1. Corporation Name DIAMOND ON THE BEACH, INC.					
Principal Place of Business 647 E DANIA BEACH BLVD DANIA FL 33004			Mailing Address 647 E DANIA BEACH BLVD DANIA FL 33004		
2. Principal Place of Business 21 C/O KB Holdings Suite, Apt. #, etc. 22 647 E. Dania Bch. Blvd City & State 23 Dania Beach, FL Zip Country 24 33004 25		2a. Mailing Address 26 C/O KB Holdings Suite, Apt. #, etc. 27 647 E. Dania Bch. Blvd City & State 28 Dania Beach, FL Zip Country 29 33004 30		3. Date Incorporated or Qualified 08/28/1996 4. FEI Number 65-0702716 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WAGNER, J 647 E DANIA BEACH BLVD DANIA FL 33004			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City DANIA BEACH FL 85 Zip Code 33004		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULIS, GUS		1.2 NAME	BOULIS, G.	
STREET ADDRESS	647 E. DANIA BEACH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGER, B		2.2 NAME		
STREET ADDRESS	647 E. DANIA BEACH BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		2.4 CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, J		3.2 NAME		
STREET ADDRESS	647 E. DANIA BEACH BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 OF G. BOULIS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/922-6700

CR2E034 (11/98)

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