

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90034 034 ***150.00

DOCUMENT # P97000006842

1. Corporation Name

BLACK DIAMOND GROUP, INC.

Principal Place of Business

5107 ST. MARIE AVENUE
ORLANDO FL 32812

Mailing Address

5107 ST. MARIE AVENUE
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

59-3422919

Applied For

Not Applicable

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

2a. Mailing Address

21 4418 TIDEWATER AVE.

26 4418 TIDEWATER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 ORLANDO, FL

27 City & State
28 ORLANDO, FL

24 Zip 32812 25 Country USA

29 Zip 32812 30 Country USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME ALTMAN, PAMELA V
STREET ADDRESS 5107 ST. MARIE AVENUE
CITY-ST-ZIP ORLANDO FL 32812

TITLE V ☐ DELETE

NAME ALTMAN, SCOTT A
STREET ADDRESS 5107 ST MARIE AVE
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PSTD ☒ Change ☐ Addition

1.2 NAME ALTMAN, PAMELA V.
1.3 STREET ADDRESS 4418 TIDEWATER DR.
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32812

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME ALTMAN, SCOTT A.
2.3 STREET ADDRESS 4418 TIDEWATER DR.
2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32812

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAMELA V. ALTMAN 3/30/99 826-9918

Date

Daytime Phone #

CR2E034 (11/98)