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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

City-St-ZiP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038090 (1)

THE DIAH CORPORATION

Mailing Address Principal Place of Business C/O JAMES KARL & ASSOCIATES C/O JAMES KARL & ASSOCIATES 975 NORTH COLLIER BOULEVARD 975 NORTH COLLIER BOULEVARD DO NOT WRITE IN THIS SPACE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 3. Date Incorporated or Qualified 04/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 59-3449362 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KARL, JAMES L II 975 NORTH COLLIER BOULEVARD Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 **B3** 84 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE D NAME FRIEDMAN, GARY 1.2 NAME 975 NORTH COLLIER BOUELVARD STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 34145 14 City-St-7iP CITY-ST-ZIP Addition ■ DELETE 2.1 TITLE Change TITI F 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

> **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Nereby 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 ampowered 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 en an attachment with an address.

FILED Mar 11 1998 8:00am Secretary of State

