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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000054877(0) \ 0 K

1 Cornoration Name

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90268 024 ***150.00

1. Corporatio	il Name						
Diamo	nd Aviation Corpora	tion					
Principal Plac	e of Business	Mailing Address					
100 Jett Aire Ct., Ste. 2 100 Jett Aire Ct. Sanford, FL 32773 Sanford, FL 3277.				Ste. 2	DO NOT WRITE IN THI	S SPACE	
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2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	plied For
21 100 Je	tt Aire Court	26 100 Jett A	ire Co	ourt	59-3456390	Not	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			F. Cadifacta of Status Resized	\$8.75 A	dditional
22 Suite	2	27 Suite 2			5. Certificate of Status Desired	Fee Re	quired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23 Sanford	d, Florida	28 Sanford, F			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 29 32773		untry ————————————————————————————————————			
24 32773	25 USA		30 [JSA	- L ·		<u> </u>
	9. Name and Address of Curre	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·	81 Name	To. Name and Address of New Registered	Agent	_
Bald	win, John A.						
	S. Highway 17-92			82 Street Add	3. Date Incorporated or Qualifed 6/20/97 4. FEI Number 59-3456390 5. Certifcate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent me eet Address (P.O. Box Number is Not Acceptable) y FL 85 Zip Code med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered		
	Park, FL 32730			83			
rein	Edik, FL 32/30						
				84 City	FI	85 Zip C	ode
11 Burguant	to the provinions of Sections 607.05	02 and 607 1508 Florida Sta	tutos the s	hove named corr	.		registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was	s authorize	d by the corporati	ion's board of directors. I hereby accept the appo	pintment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, I	-lorida Stat	tutes.			
SIGNATURE	Signature, typed or profed name of registered an	ent and title if anolicable. (NO	TF Registered	d Agent signature require	ed when reinstating) DATE		_
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE Registered	d Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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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 VIPED OF PRINTED WAS OF SIGNATURE OF FICER OF STRECTOR

4/30/99 (407)322-2300