

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 16 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000057131 (9)

1. Corporation Name

DIAMOND EMERALD ISLE, INC.

Principal Place of Business

STE. 110, 1300 N. FEDERAL HWY.
BOCA RATON FL 33432

Mailing Address

STE. 110, 1300 N. FEDERAL HWY.
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0772050

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 12300 Alt. A1A

Suite, Apt. #, etc.

22 Suite 209-E
City & State

23 Palm Beach Gardens, FL
Zip Country

24 33418 25 USA

2a. Mailing Address

26 12300 Alt. A1A

Suite, Apt. #, etc.

27 Suite 209-E
City & State

28 Palm Beach Gardens, FL
Zip Country

29 33418 30 USA

9. Name and Address of Current Registered Agent

CALLAGHAN, ALLAN
6504 CHASEWOOD DR. N.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

Capital Connection, Inc.

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

417 E. Virginia Street, Ste. 1

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 *Chris Lynn Brucher, Client Representative for Capital Connection*

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 ☒ DELETE

NAME CALLAGHAN, ALLAN
STREET ADDRESS 6504 CHASEWOOD DR., N.
CITY-ST-ZIP JUPITER FL 33458

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, P, S, T ☒ Change ☐ Addition

1.2 NAME James Speiser
1.3 STREET ADDRESS 12300 Alt. A1A, Ste. 209-E
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Fiona O'Connor
2.3 STREET ADDRESS 509 and 1/2 Duval Street
2.4 CITY-ST-ZIP Key West, FL 33040

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Lucy Mulcahy
3.3 STREET ADDRESS 509 and 1/2 Duval Street
3.4 CITY-ST-ZIP Key West, FL 33040

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700002458327-3

03/16/98 01092-010

****300.00 ****150.00

700002458327-3

03/16/98 01092-024

*****8.75 *****8.75

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.

SIGNATURE *James Speiser* James Speiser

(561) 746-1002

CR2E034 (10/97)