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Jun 22 1998 8:00am
Secretary of State

PROFIT
- CORPORATION
- ANNUAL REPORT
1998

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

DOCUMENT # **P97000058589 (7)**

1. Corporation Name
DPL/DIPLOMAT MARKETING INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
PO BOX 616612 ORLANDO FL 32861-6612	PO BOX 616612 ORLANDO FL 32861-6612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1997

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-3460925	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28): TAMPA FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / Country (25)	Zip (29): 33609 / Country (30): Hills	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FERENCE, PAUL J
2321 S KIRKMAN ROAD
#314
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: FERENCE, PAUL J
82 Street Address (P.O. Box Number is Not Acceptable): ~~2321 S. KIRKMAN ROAD~~
83: 4517 W. DALE AVE
84 City: TAMPA FL 85: 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FERENCE, PAUL J		1.2 NAME		
STREET ADDRESS	PO BOX 616612		1.3 STREET ADDRESS	4517 W. DALE AVE	
CITY-ST-ZIP	ORLANDO FL 32861-6612		1.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FERENCE, DOROTHY C		2.2 NAME		
STREET ADDRESS	PO BOX 616612		2.3 STREET ADDRESS	4517 W. DALE AVE	
CITY-ST-ZIP	ORLANDO FL 32861-6612		2.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002256958	
STREET ADDRESS			6.3 STREET ADDRESS	-06/23/98--01063--049	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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 this 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.

_____ 4-20-98