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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 27 1998 8:00am

Secretary of State

A HORINGA NIC HENN HORN CONNECTION CONTRACTOR CO

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000073400 (8)

DIAMOND MARKETING GROUP, INC.

District Discret D							
Principal Place of Business Mailing Address							
POST OFFICE BOX 3201 POMPANO BEACH FL 33072			POST OFFICE BOX 3201				*
FOMPANO BENON PL 330/2			POMPANO BEACH FL 33072				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							08/22/1997
<b>├</b>			. Mailing Address				4. FEI Number Applied For
21 26			6.2- 4-14				65-07/1397 Not Applicable
Suite, Apt. #, etc.			Suite, Apl. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22 City & State			City & State				Fee Required
23							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country			,	This corporation owes or has paid the current year Intangible
24	25	29 30					Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					Ι.,	,	10. Name and Address of New Registered Agent
K	OHN, BEVERLY				81	Name	
1900 S. OCEAN BOULEVARD, #7-E					82	Street Address (P.O. Box Number is Not Acceptable)	
P	OMPANO BEACH FL 33062						
					83		
					84	City	■■ 85 Zip Code
					لــــــــــــــــــــــــــــــــــــــ	'	<b>         </b>
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 pointed name of registered				ed Age	nt signature	required when reinstating) DATE
12.	D OFFICERS A	ND DIRECTO	DELETE	13. 1.1 T	un i c		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	KOHN, BEVERLY		C offere		IAME		Change Addition
STREET ADDRESS	POST OFFICE BOX 3201	M/A				ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33				SITY-S		
TITLE	1 01111 7410 0070111 00	VI &	DELETE	2.1 T		II-ZIF	☐ Change ☐ Addition
NAME					AME		
STREET ADDRESS				ı		ADDRESS	
CITY-ST-ZIP					CITY-S		
TITLE			DELETE	31 T	TLE		Change Addition
NAME				3.2 N	IAME		
STREET ADDRESS				335	TREET	ADDRESS	
CITY-ST-ZIP				3.4. 0	CITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME			•	4.21	NAME		
STREET ADDRESS				4.3 S	TREET	ADDRESS	
CITY-ST-ZIP					ITY - ST	T-ZIP	
TITLE			☐ DELFTE	5.1 T			L. Mange L. Addition
NAME				5.2 N			$/// // \sim 1$
STREET ADDRESS						ADDRESS	Y/1)9/ <u>1</u> +
CITY-ST-ZIP			DELETE		ITY-SI	T-ZIP	
TITLE			□ otterit	6.1 T			400002502494 <sup>CKange</sup> Addition -04/28/9801037027
NAME CTOTET ADDOCCO				6.2 N		4000000	-04/28/9801037027
STREET ADDRESS				6.3 S	IREET.	ADDRESS	***158.75

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 received in 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 attack and that my name address.

L1.90