

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 11 1998 8:00am  
Secretary of State

DOCUMENT # **P97000086261 (9)**  
1. Corporation Name

**DIPLOMAT SKYLINES CORPORATION**



Principal Place of Business  
**452 OSCEOLA STREET  
SUITE 213  
ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**P.O. BOX 161605  
ALTAMONTE SPRINGS FL 32716-1605**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/01/1997**

2. Principal Place of Business

2a. Mailing Address

21 **2127 Grand Brook Circle**

26 Suite, Apt. #, etc.

22 **# 1423B**

27 City & State

23 **Orlando FL**

28 City & State

24 **32810**

29 Zip

25 Country

30 Country

4. FEI Number  
**59-3475893**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GHONIM, TAMER  
2127 GRAND BROOK CIRCLE  
#1423B  
ORLANDO FL 32810**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE  
NAME **GHONIM, TAMER**  
STREET ADDRESS **2127 GRAND BROOK CIR #1423B**  
CITY-ST-ZIP **ORLANDO FL 32810**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE  
NAME **ALHAMILI, SAEED**  
STREET ADDRESS **C/O 452 OSCEOLA STREET STE 213**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

*[Signature]*

**100002636321**  
**-09/11/98--01036--005**  
**\*\*\*158.75**

CR2E034 (5/98)

(2)

## DIPLOMAT SKYLINE Corp.

P.O.Box: 161605  
Altamonte Springs, FL 32716  
407.667.0534  
407.667.0533 fax  
Email: tamer@worldramp.net

Administrator  
Florida Division of Corporations  
P.O.Box: 6327  
Tallahassee, FL 32314

Wednesday, July 08, 1998

Dear Sir or Madam:

We have just received an annual report notice. The notice indicated that it is a 2<sup>nd</sup> notice, and included a late penalty of \$400.00.

We definitely have not received any notices before this one. If we had, we would have complied with the regulations and filed our annual report before any deadlines. Apparently we have been fined for not filing before May 1<sup>st</sup> 1998, which we would have done, had we received the first notice.

We are kindly requesting a waiver of the late penalty fees, as I have explained, we did not receive appropriate notification before May 1<sup>st</sup>, 1998. I have attached a copy of the 2<sup>nd</sup> notice we received for your reference.

Sincerely,



Tamer Ghonim  
President