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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000089669**1. Corporation Name

THE DIAMOND CENTRE, INC.

Principal Place of Business	Mailing Address
2901 W SUNRISE BLVD STE 749	12801 W SUNRISE BLVD STE 749
SUNRISE FL 33323	SUNRISE FL 33323

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90110 048 ***150.00



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Principal Place of Business Mailing Address						,			
12801 W SUNRISE BLVD STE 749 12801 W SUNRISE BLVD STE SUNRISE FL 33323 SUNRISE FL 33323					749				
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 10/17/1997	Ì	
9 Principal P	lace of Business	2a. Mailin	n Address			.		ied For	
2. Full Cipal F	lace of Business	26	g / (ddi 000					Applicable	
Suite, Apt.	# etc		Apt. #, etc.				\$8.75 Ad		
Suite, Apt.	#, GIO.	27	, tpt. #, 010.				5. Certificate of Status Desired Fee Req		
City & Stat	re		State				6. Election Campaign Financing \$5.00 N	lav Re	
23		28					Trust Fund Contribution Added to		
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year Intangible	·	
24	25	29		30	•			∃No	
	9. Name and Address of Cur			-			10. Name and Address of New Registered Agent		
	<u> </u>	<u> </u>			81	Name			
	ikin, stewart a				25	<u> </u>	(DO D. Namber la New Assert Link)		
444	BRICKELL AVE STE 300				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
MIAI	WI FL 33131				83				
					84	City	FL 85 Zip Co	ode	
		2500 4 607 450	O. Etasida Chabuta	a tha at		-amod come	poration submits this statement for the purpose of changing its re	nistered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Suc	h change was au	uthorized	by tr	ne corporatio	on's board of directors. I hereby accept the appointment as regi	stered	
SIGNATURE	Signature, typed or printed name of registered	enent and title if applicat	NOTE:	Designad	Anont o	eionaturo regulitad	ed when reinstating) DATE		
12.		AND DIRECTOR	 _	13.	Agon, :	Signizitaro roquired	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	D 0.1132(10	THE BITLESTON	DELETE	1.1 TIT	LE		Change	Addition	
NAME	DANIELS, RONALD			1.2 NA				.)	
	12801 W SUNRISE BLVD ST	F 749		•		ADDRESS		1	
STREET ADDRESS	SUNRISE FL 33323	C 140						}	
CITY-ST-ZIP TITLE	00111102 12 00020		DELETE	2.1 TIT	IY-ST-:	Z/F	. Change	Addition	
	·		C Decrie	2.2 NA			,	_ {	
NAME									
STREET ADDRESS						DDRESS			
CITY-ST-ZIP			DELETE		TY-ST-	ZIP	☐ Change	Addition	
TITLE			C DETER	3.1 711			ن المان ا		
NAME				3.2 NA					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE		TY-ST-	-ZIP		Addition	
TITLE			☐ DELETE	4,1 T/7			☐ Change		
NAME				4. 2 N/	AME		·	.	
STREET ADDRESS				4.3 ST	REETA	ADDRESS	• .		
CITY-ST-ZIP					TY-ST-	ZIP			
TITLE			DELETE	5.1 TIT			☐ Change	Addition	
NAME				5.2 NA	ME		•		
STREET ADDRESS				5.3 ST	REETA	ADDRESS	1		
CITY-ST-ZIP					TY-ST-	ZIP			
TITLE			DELETE	6.1 TII	LE		∴ Change	Addition	
NAME				6.2 NA	ME	ĺ	•		
CTDEET ADDOESS				6.3 ST	REETA	ADDRESS	•	1	

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.

6.4 CITY-ST-ZIP

SIGNATURE: