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

DOCUMENT # P97000094645 (3)

Country

9. Name and Address of Current Registered Agent

25

1200 RIVERPLACE BLVD., #107

JACKSONVILLE FL 32207

DIAMOND, JOHN J

DIAMOND ARCHITECTS, INC.

Principal Place of Business

1200 RIVERPLACE BLVD.. #107
JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite Apt. #, etc.

26

27

28

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1200 RIVERPLACE BLVD. #107 JACKSONVILLE FL 32207

FILED May 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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.

Country

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Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE DIAMOND, JOHN J NAME 12 NAME 1200 RIVERPLACE BLVD., #107 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 1 4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE TITLE 3 1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE **6.1 TITLE** 62 NAME NAME STREET ADDRESS **63 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 regiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my pame appears in Block 12 or Block 13 if Stangard or on a great and the standards.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 98 396-635

CR2E034 (10/97)

Zip Code