

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90079 017 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000027962**

1. Corporation Name  
**FIVE DIAMOND PROPERTIES, INC.**



Principal Place of Business Mailing Address  
 % JEFFREY LEDWARD % JEFFREY LEDWARD  
 6249-B PRESIDENTIAL COURT 6249-B PRESIDENTIAL COURT  
 FT MYERS FL 33919 FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 03/26/1998

4. FEI Number  
 65-0823398 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **JAMES B. MCMENAMY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1324 UNIVERSITY DR**

83 **SUITE 101**

84 City **FORT MYERS** FL 85 Zip Code **33907**

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.

3-11-99

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCMENAMY, JAMES B	
STREET ADDRESS	6249-B PRESIDENTIAL COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURKE, HARALD J	
STREET ADDRESS	6249-B PRESIDENTIAL COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOWARD, JOSEPH G	
STREET ADDRESS	6249-B PRESIDENTIAL COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEML, MICHAEL P	
STREET ADDRESS	6249-B PRESIDENTIAL COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEDWARD, JEFFREY C	
STREET ADDRESS	6249-B PRESIDENTIAL COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1324 UNIVERSITY DR
1.4 CITY-ST-ZIP	FORT MYERS, FL 33907
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	623 SW 53 TER
3.4 CITY-ST-ZIP	CAPE CORAL FL 33914
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1316 SE 32 <sup>ND</sup> TER
4.4 CITY-ST-ZIP	CAPE CORAL FL 33904
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* JEFFREY C. LEDWARD TREAS. 3/20/99 941 489104  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #