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**

1. Corporation Name P98000039951						
DIAMOND INTERNATIONAL GROUP OF PALM BEACH, INC.				<u>.</u>		
	· ·					
Principal Place	of Business	Mailing Address		T (BBCIEBC IIA (BCA) 1831 ADILI SSIC BUCH ORDS	# (1148 P) 10 19191 21101 1101 1081	
4621 NORTH DI		1621 NOBEH DIXIE HIGHWAY	کس			
BOCA RATON FL 33431-5030 GOCA RATON FL 33431-5030			(SO NOT MOTE IN THE	O PDAOF	
		\vee \vee \vee	\ //	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	5 SPACE	
	•		<u> </u>	04/30/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	the CT	4. FEI Number	Applied For	
21		26 5970 SW	18, 21.	45-0833445	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & Ctat		City & State		a Floribo Compaign Financing	- \$5.00 May Be -	
City_&_State		City & State Rato	w Ŧ(¯¯¯	6. Election-Campaign:Financing	Added to Fees	
Zip	Country	Zip .	Country	8. This corporation owes the current year Ir	ntangible	
24	25	— digita	O Palm Beh	Personal Property Tax.	☐ Yes ☐ No	
[=7]	9. Name and Address of Current			10. Name and Address of New Registered	l Agent	
			81 Name		ļ	
STONE, DALE R CPA				Street Address (P.O. Box Number is Not Acceptable)		
4500 BELVEDERE ROAD						
SUITE F2			83			
WES	T PALM BEACH FL 33415-1357		84 City		85 Zip Code	
			- "	<u> </u>	L '	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose clion's board of directors. I hereby accept the appo	if changing its registered introduced	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Floric	da Statutes.	don's board of directors. Therapy accept the app.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE						
	Signature, typed or printed name of registered agent a		Registered Agent signature requir		ND DIDECTORS IN 42	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE	D D D D D D D D D D D D D D D D D D D					
NAME.	QUINLAN, EDWARD J		1.2 NAME			
STREET ADDRESS	5970 SW 18TH STREET #311		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL 33433-7197	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE			2.2 NAMÉ			
NAMÉ			2.3 STREET ADDRESS			
STREET ADDRESS				·		
CITY-ST-ZIP	27 Tamesagaria - Nagaria	- DELETE	2.4 C/TY-ST-Z/P		☐ Change ☐ Addition	
			3.2 NAME	A Committee of the Comm		
NAME STREET ADDRESS		•	3.3 STREET ADDRESS	•		
STREET ADDRESS			3.4, CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS		Į	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		(DELETÉ	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	<i>"</i>		
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	_		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAMÉ	•		

CITY-ST-ZIP 14. 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 receive 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

800982-0610

FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90014 017 ***150.00