

AMOUNT DUE ON OR BEFORE 08/12/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE IS \$550)

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90009 033 \*\*\*550.00

DOCUMENT # **P98000046111**

1. Corporation Name

**DIAMOND HOMES OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**1717 CONNECTICUT AVE  
ST. CLOUD, FL 34769**

Mailing Address

**1717 CONNECTICUT AVE  
ST. CLOUD, FL 34769**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/22/1998**

4. FEI Number

**59-350-8854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DILULLO, JOHN D  
1717 CONNECTICUT AVE  
ST CLOUD FL 34769**

10. Name and Address of New Registered Agent

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

TITLE **Owner / President** ☐ DELETENAME **John DiLullo**STREET ADDRESS **1717 Conn Ave**CITY-ST-ZIP **St. Cloud, FL 34769**TITLE **Vice President** ☐ DELETENAME **Lisa DiLullo**STREET ADDRESS **1717 Conn Ave**CITY-ST-ZIP **St. Cloud, FL 34769**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE OF JOHN D. DILULLO****7-27-99****91-951-4318**

CR2E034 (5/99)