PROFIT CORPORATION ANNUAL REPORT

1999

P.O.BOX 1143

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

. City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071939 DIAMOND LIFE COMMUNICATIONS INC.

Country

9. Name and Address of Current Registered Agent

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Mailing Address Principal Place of Business P.O.BOX 1143 LEHIGH ACRES FL 33970-1143 LEHIGH ACRES FL 33970-1143

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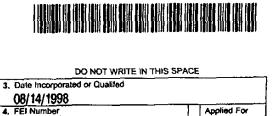
2a. Mailing Address

Suite, Apt. #, etc.

City & State -

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90251 027 ***150.00



Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

650857035

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

5. Certificate of Status Desired

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| 153 NE 141 STREET NO#C | | | Street | Address (P.O. Box Numbers Not Acceptable) | | | |
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| | | 84 | City | EHUGH HORES, FL FL | 85 | Zip Code | |
| 11. Pursuant to the provisions of Sections 807.0502 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 Storaging to provide the provision of registered spent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) OATE | | | | | | | |
| 12. | Signature, typed of printed name of registered agent and tile if applicable. (NOTE: Register OFFICERS AND DIRECTORS | | N agrana | ADDITIONS/CHANGES TO OFFICERS AN | D DIRE | CTORS IN 12 | 二 斃 |
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| NAME | B.2 | NAME | | | | | |
| STREET ADDRESS | 6.3 | STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | ■ *** | CITY-8 | | | | | |
| 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-gunfowered 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 attachment with an attachment with an attachment. | | | | | | | |

Country

81 Name

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