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

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90033 013 ***150.00

DOCUMENT # P98000085665 1. Corporation Name

THE DIAI	Mond Girls investment	CLUB,INC.			
Principal Place	of Business	Mailing Address		I IDDĪJODS IIB SOLOS IDIIS BOIS OBĻII BOI	'IL QQLBI IBIBL BILID BIILB BILON BIRI IBIDI
Principal Place of Business 2565 S. OCEAN BLVD SUITE 102N HIGHLAND BEACH FL 33487 Mailing Address 2565 S. OCEAN BLVD SUITE 102N HIGHLAND BEACH FL 33487				DO NOT WRITE IN 3. Date Incorporated or Qualifed 10/05/1998	N THIS SPACE
2 Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
<u> </u>		<u>⊢</u>	-	65-0-867=68	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes the current y Personal Property Tax.	☑Yes ☐No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	itered Agent
5355 BOC	SE, MARIAN M TOWN CENTER ROAD A RATON FL 33486		84 City///	TROL CELESTIN dress (P.O. Box Number is Not Acceptable) S. OCEAW BL GHLAND BEACH	FL 85 Zip Code, 33 4487
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 comporation'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. TWO TE: Registered Agent signature required when reinstating) DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CELESTINO, CAROL		1.2 NAME		ļ
STREET ADDRESS	2565 S. OCEAN BLVD., SUITE	102N	1.3 STREET ADDRESS		· j
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPRING, JUDITH B		22 NAME		
STREET ADDRESS	3855 MAJESTIC PALM WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS .		}:
CITY-ST-ZiP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DECETE	4.1 TITLE	·	Containing
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME		Containing Containing
NAME			5.3 STREET ADDRESS	·	
STREET ADDRESS			0.3 GUNEEU MUDINEGO		

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 attackment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition