

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90063 026 ***150.00

DOCUMENT # S16723

1. Corporation Name

DIAMOND TECHNOLOGY, INCORPORATED

Principal Place of Business

600 N HWY 17-922
STE 120
LONGWOOD FL 32750
US

Mailing Address

600 N HWY 17-92
STE 120
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1990

4. FEI Number

59-3037512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 707 Mendham Blvd.

Suite, Apt. #, etc.

22 Suite 104

23 Orlando, FL

24 32825

Country

25 US

2a. Mailing Address

26 707 Mendham Blvd.

Suite, Apt. #, etc.

27 Suite 104

28 Orlando, FL

29 32825

Country

30 US

9. Name and Address of Current Registered Agent

STEENBERGH, ROBERT M
600 N HWY 17-92
STE 122
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 707 Mendham Blvd, Suite 104

84 City

Orlando

FL

85 Zip Code

32825

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 CFOD
NAME BOGDAN, LEONARD P. J
STREET ADDRESS 1520 CHERRY RIDGE DR
CITY-ST-ZIP HEATHROW FL 32746

☒ DELETE

TITLE PD
NAME STEENBERGH, ROBERT M
STREET ADDRESS 630 OLULU RD
CITY-ST-ZIP WINTER PARK FL 32789

☐ DELETE

TITLE SDVP
NAME BOLENDER, SHAUN M
STREET ADDRESS 31404 REED RD
CITY-ST-ZIP DADE CITY FL

☒ DELETE

TITLE VD
NAME ZERRIP, JAMES D
STREET ADDRESS 2914 ROLLING BROOK DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VPD
NAME BARTELS, DAVID R.
STREET ADDRESS ROSA CREEKS BEND DR
CITY-ST-ZIP CASSELBERRY FL 32707

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/99 407-269-9000

CR2E034 (11/98)