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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S25809

(2)

DIPLOMAT REAL ESTATE AND DEVELOPMENT INC.

appears in Block 12 or Block 13 if changed, or on an all

Principal Place of Business Mailing Address 8301 NW 15TH ST 5301 NW 15TH ST MARGATE FL 33063 MARGATE FL 33063-3771 3a. Date of Last Report 3. Date Incorporated or Qualified 04/30/1996 01/17/1991 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0343569 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENDIK, JOHANN F. 5301 NW 15TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 Zip Code 11. Pursuant to the provisions of Soctions 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TIME BENDIK, JOHANN FRANZ 1 P NAME NAME 2209 NW 7TH AVE STREET ADDRESS 1 B STREET ADDRESS WILTON MANORS FL CITY-ST-ZIP 14 CITY - \$1 - 7IP Addition DELETE Channe 2.1 THLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CHY-S1-ZIP DELETE Change Addition 3.1 THUE TITLE 32 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELFTE Change Addition TITLE 4.1 TILLE 4. 2 NAME NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Change Addition TITLE 61 THUE 6.2 NAME NAME 6'3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - 7IP 14. I do 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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nent with an address

4/14/97 954-972-8961

FILED

May 02 1997 8:00am

Secretary of State