## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Scoretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

	Corporation Name  DIAMOND USA, INC.	+1001	(0)							
Pr	incipal Place of Business	Me	iling Address				1 (42)(4)(4 (1) 410)( 110)( 110)( 110)( 110)	791 IND E481	81811 819	
2049 CHIMNEY SWIFT HOLLOW TALLAHASSEE FL 32312			2049 CHIMNEY SWIFT HOLLOW TALLAHASSEE FL 32312							
							3. Date Incorporated or Qualified 03/27/1991	3a. Dat		t Report 1/1995
2.	Principal Place of Business	2a. 26	Mailing Address	and the second second			4. FEI Number 59-2345812	<b>L</b>		Applied Fo
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Addition Fee Required
23	City & State 28		City & State				Election Campaign Financing     Trust Fund Contribution		□ \$5.00 Ma Added to F	
24	Zip Country 25	29	<b>2</b> φ	Gouni 30	try		8. This corporation has liability for a Florida Statutes Yes	_	ax unde	rs 199.032,
	9. Name and Address of	of Current Regis	tered Agent		:: r	***	10. Name and Address of New R	egistered	Agent	
	BROWN, BARBARA 2049 CHIMNEY SWIFT HOLLO TALLAHASSEE FL 32312		83			dress (P.O. Box Number is Not Acceptable)				
				Į.	34	Crty		Fl	85	Zip Code
1	Pursuant to the provisions of Sections     Pursuant to the provisions of Sections     Pursuant to the Sections	607,0502 and 60	7.1508, Florida Statu	ites, the abov	e-n	amed corpora	ation submits this statement for the pur	pose of cl	anging	its registered

110411619	131 8488	 es Buls	1686 8184		 A14 16A1
		11 11 11 11 11 11			

> Applied For Not Apolicable \$8.75 Additional

	9. Name and Address of Current Register	red Agent	<del></del>		10. Name and Address of New Registered Agent				
·····		<del>-</del>	81	N	Name				
BROWN	, Barbara		82		t Address (P.O. Box Number is Not Acceptable)				
	HIMNEY SWIFT HOLLOW		01	١	Street Address to to. Dox Indinosis is not Acceptional				
TALLAH	ASSEE FL 32312		83						
			84		Crty 85 Zip Code				
			04		FL   63   240 COUG				
or registered	the provisions of Sections 607.0502 and 607.1 Lagent, or both, in the State of Floridal Such of and accept the obligations of Section 607.05	hange was authorized I	the above-r by the corp	nam	med corporation submits this statement for the purpose of changing its registered office alion's board of directors. Thereby accept the appointment as registered agent. I am				
SIGNATURE	matine. Typed or protect have of registered agent and the diage	roabe (Nôtel)	log stored Agos	nt sign	agirafino ou que it whish reinstating. (ATE				
12.	OFFICERS AND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Р	☐ DELETE	A 1 TIFLE		Change Addition				
NAME	Brown, Barbara		1.2 NAME						
STREET ADDRESS	2049 CHIMNEY SWIFT HLW. 13		1.3 STREET	I ADD	)DRESS				
CifY - ST - ZiP	TALLAHASSEE FL		14 City - 9	SI - Z:	ZiP				
TITLE	\$	DELETE	2 111116		Change Addition				
NAME	Brown, Phil	2.2							
STREET ADDRESS	STREET ADDRESS 2049 CHIMNEY SWIFT HLW.			1 ADE	CORESS				
CITY-ST-ZIP	TALLAHASSEE FL		2.4 City - 5	\$1 - ZI	ZIP				
TITLE		DELETE	3 1 TITEF		Change Addition				
NAME			3.2 NAM€						
STREET ADORESS			3.3 STREE	LI ADI	ODRESS				
CITY-S1-ZIP			3 4 CITY - 5	ST - ZI	ZIP				
TITLE		DELETE	4 1 TILLE		Change Addition				
NAME			4.2 NAME						
STREET ADDRESS			4 3 STREE	I ADE	DDRESS				
CITY - ST - Z-P			4.4 CiTY - 5	S1 - Z	ZIP				
TITLE		DELETE	5 1 TITLE		Change Addition				
NAME			5.2 NAME						
STREET ADDRESS			53 STREE	TADE	DDRESS				
CITY-ST-ZIP			5.4 CITY + 2	S1 - Z					
TITLE	☐ DETELF 6		6 1 THILE		Change Addition				
NAME			6.2 NAME						
STREET ADDRESS			63STREE	TADE	DDAESS				
CITY - ST - ZIP			6.4 CITY -						
14. I do hereby	certify that the information supplied with this fill	ng is voluntarily furnish	ed and doe	es n	not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further and appurate and that my somature shall have the same legal effect as if made under				

centry that the information indicated on this annual report or supplemental annual report is true and a social and that my signature shall have the same eight erect as induce this discholor or director of the corporation or the receiver or true 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:

BOUDOUL BLOW-SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (904) 893-5423