

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT -6 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S70740 (3)
1. Corporation Name
BLACK DIAMOND SYSTEMS, INC.

Principal Place of Business Mailing Address
390 N ORANGE AVENUE, SUITE 2000
ORLANDO FL 32801 390 N ORANGE AVENUE, SUITE 2000
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 BUSINESS CENTER DR Suite, Apt. #, etc. 22 City & State 23 LAKE MARY FL Zip 24 32746	2a. Mailing Address 26 1000 BUSINESS CENTER DR Suite, Apt. #, etc. 27 City & State 28 LAKE MARY, FL 32746 Zip 29 32746	3. Date Incorporated or Qualified 08/02/1991 4. FEI Number 59-3129816 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 04/15/1996 Applied For Not Applicable
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9. Name and Address of Current Registered Agent

GORNTTO, L.A. JR.
128 ORANGE AVENUE
DAYTONA BEACH FL 32115

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HARWARD, DENNIS J.	1.2 NAME	000002316030--2
STREET ADDRESS	390 N ORANGE AVE, ST2000	1.3 STREET ADDRESS	-10/09/97--01069--001
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE	ST	2.1 TITLE	SECRETARY
NAME	WIPPER, DENNIS J.	2.2 NAME	JACK HARWARD
STREET ADDRESS	390 N ORANGE AVE, ST2000	2.3 STREET ADDRESS	280 CLEARVIEW RD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	CHULOKTA FL 32756
TITLE		3.1 TITLE	TREASURER
NAME		3.2 NAME	LA GORNTTO
STREET ADDRESS		3.3 STREET ADDRESS	128 ORANGE AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAYTONA BEACH FL 32115
TITLE		4.1 TITLE	VP-FINANCE
NAME		4.2 NAME	SUSAN FALOTICO
STREET ADDRESS		4.3 STREET ADDRESS	2241 HEATHERLOAK DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE X [Signature] SUSAN FALOTICO 9/29/97 3043235

CR2E034 (4/97)