

**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

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		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1000 BUSINESS CENTER DR	26	1000 BUSINESS CENTER DR	08/02/1991	04/15/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-3129816	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	LAKE MARY FL	28	LAKE MARY, FL 32746	<input checked="" type="checkbox"/>	
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	32746	25	USA		
29	Zip	30	Country	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
29	32746	30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORNTO, L.A. JR. 128 ORANGE AVENUE DAYTONA BEACH FL 32115				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WIPPER, DENNIS J.			2.2 NAME	SECRETARY		
STREET ADDRESS	390 N ORANGE AVE, ST2000			2.3 STREET ADDRESS	JACK HARWARD		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	280 CLEARVIEW RD		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				3.2 NAME	TREASURER		
STREET ADDRESS				3.3 STREET ADDRESS	LA GORNTO		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	128 ORANGE AVE		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	VP-FINANCE		
STREET ADDRESS				4.3 STREET ADDRESS	SUSAN FALOTICO		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	2241 HEATHERLOAK DR		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 alcala** **9/27/97** **3043235**

CR2E034 (4/97)