FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

7410 N.W. 52 STREET

FT. LAUDERDALE FL 33319

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V14396

1. Corporation Name

Principal Place of Business

7410 NW 52 STREET

DIAMOND PRESS, INC.

FT. LAUDERDALE FL 33319 DO NOT WRITE IN THIS SPACE US IIS 3. Date Incorporated or Qualifed 02/17/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0314656 Not Applicable 21 26 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOTY, GARY Street Address (P.O. Box Number is Not Acceptable) 82 3601 W COMMERCIAL BLVD FT LAUDERDALE FL 33309 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETÉ 1.1 TITLE TITLE DOTY, GARY 1.2 NAME NAME 3601 W COMMERCIAL BLVD 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY+ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITI F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE □ DELETE TITLE

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 en an attachment ith an address, with all other like empowered.

S. HRET

ING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY ST. 7IP

FILED

Secretary of State

03-02-1999 90109 019 ***150.00

Mar 02, 1999 8:00 am

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