

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 12:11

DOCUMENT # V40826 (2)
1. Corporation Name
DIAMOND M INCORPORATED

Principal Place of Business Mailing Address
**2800 N. OCEAN DR.
APT. A2A
SINGER ISLAND FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1992** 3a. Date of Last Report **03/22/1994**
4. FEI Number **65-0338467** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**MORING, MARY ELLEN
2800 N. OCEAN DR.
APT. A2A
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

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

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 of agent to print name of registered agent and the if applicable)

(Date) (Signature of Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MECKSTROTH, CLYDE S.
STREET ADDRESS	1081 NEW PARKVIEW PL.
CITY ST ZIP	W. PALM BEACH FL
TITLE	S
NAME	MECKSTROTH, YALONDA
STREET ADDRESS	1081 NEW PARKVIEW PL.
CITY ST ZIP	W. PALM BEACH FL
TITLE	VD
NAME	MORING, KENNETH
STREET ADDRESS	2800 N. OCEAN DR. #A2A
CITY ST ZIP	SINGER ISLAND FL
TITLE	T
NAME	MORING, MARY ELLEN
STREET ADDRESS	2800 N. OCEAN DR. #A2A
CITY ST ZIP	SINGER ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Kenneth Moring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5 45

407-647-2360