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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996	<b>17</b>	Secretary of State DIVISION OF CORPORATIONS					
DOCUM 1. Corporation N		377 (	1)					
DIAMO	ND MANAGEMENT COM	MPANY				A HOOM CHIOM CHESS DIADI (OM) IDO	IF INDS BLON BLON RION DING BING BING BLOCK	1
Principal Place o	f Business	Maling Address						
401 W. COLONIAL DR. SUITE 7 ORLANDO FL 32904			401 W. COLONIAL DR. SUITE 7 ORLANDO FL 32804					
						Date Incorporated or Qualified		
CHEATOC FE						3. Date Incorporated or Qualified 06/19/1992	04/20/1995	
2. Principal Plac	e of Business	2a. Mailing Addre	ss			4. FEI Number	Applied For	ㅓ
21	C OF EGSWICOG	26	-			59-3131711	Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27					Fee Required	
City & State		Oity & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	Ì
Zip	Country	Z <sub>1</sub> D		Country		8. This corporation has liability for		$\neg$
24 25		29	i Hanan Tirin i Hanan Hana			Florida Statutes <b>XX</b> Yes No		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F	tegistered Agent	
				81	Name			
	ames H.			82	Street Addr	ess (P.O. Box Number is Not Acceptate	ole)	
	COLONIAL DRIVE		<u>.</u>					
SUITE 7 - ORLANDO FL 32804				L.				_
- UHLANI	JU FL 32004			84	City		FL 85 Zip Code	
or registere tamiliar with	d agent, or both, in the State of n, and accept the obligations of. !	Florida Such change was a Section 607.0505, Florida S	iuthorized by statutes	the corp	oration's boa	ration submits this statement for the purity and of directors. I hereby accept the app	pointment as registered agent. I am	
	agnating typed or protect care, of registered.	apertal difference false (SAND DIRECTORS)	(NOTE: Buy	13.	Loop along the part	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12	
<b>12</b> . Title	DP DELETE FANT, JAMES H		TE	1 1 TITLE			Change Addition	1
NAME			12					
STREET ADDRESS	401 W COLONIAL DR 7			1.3 STREET	ADORESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - 5	I - ZIP				
THILE	VP			2 1 TITLE			Change Addition	3
NAME	MCAULIFFE, TERENCE	R		2.2 NAME				
STREET ADDRESS	1341 G ST NW			2.3 STREE				
CITY-ST-ZIP	WASHINGTON DC	□ DELI	IF	3 1 HILE	i! - ZI-'	•	Change Addition	n
TITLE NAME	VPST SWANN, CHRISTIAN M		-	3 2 NAME			· —	
STREET ADDRESS	1031 W MORSE BLVD S	STE 200			I ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			3.4 CHY-				
TITLE	AS	DEL	TE	4 1 THTLE			Change Additio	n
NAME	ABNER, SHARON B.	_	ŀ	4.2 NAME			~	
STREET ADDRESS	1031 W MORSE BLVD S	STE 200			ACDRESS	00000179 -04/24/9601	ህ1 / 1U ሰበ2015	
CITY - ST - ZIF	WINTER PARK FL	☐ D£L	:16	4.4 CITY -	ST - ZDP	***200.00	UUZ==U13 ☐ Change ☐ Additio	
TITLE		[] DEL	. IC	5 1 TITLE 5 2 NAME		<b>ᡮᡯᡯ᠘ᡶŬ</b> 。ŨŨ	□ average □ vigorio	
NAME CARGET ADDRESS					LADDRESS			
STREET ADDRESS				54 Oif Y -	1			
CITY-ST-ZIP TITLE		☐ D£L	ETE	6 1 TITLE	1		☐ Change ☐ Additio	n
NAME				6.2 NAME			ACB	
STREET ADDRESS				6.3 STREE	F ADDRESS		( 22 SV	-

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)(k). Florida Statutes. I further certify that I have the information indicated on this annual report or supplier nental 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 this 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 it changed of an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-94 Dre

407-643-8977

CR2E034 (12/95)