

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

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K53736 (0)**

**1. Corporation Name**  
**International Gold & Diamond Exchange, Inc.**

<b>Principal Place of Business</b> <b>c/o, John McDonald</b> <b>424-A NW 13th St</b> <b>Gainesville, Fl</b> <b>32601</b>	<b>Mailing Address</b> <b>c/o John McDonald</b> <b>424-A NW 13th ST</b> <b>Gainesville, Fl</b> <b>32601</b>
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<b>3. Date Incorporated or Qualified</b> <b>12/27/1988</b>	<b>3a. Date of Last Report</b> <b>May- 1996</b>
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> <b>59- 2912656</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>21. State</b>	<b>26. State Apt. #, etc.</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22. City &amp; State</b>	<b>27. City &amp; State</b>	<b>6. Election Campaign Financing</b>	<b>\$5.00 May Be Added to Fees</b>
<b>23. Zip</b>	<b>28. Zip</b>	<b>7. Trust Fund Contribution</b> <input type="checkbox"/>	
<b>24. Country</b>	<b>29. Country</b>	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>McDonald, John</b> <b>424-A NW 13th St</b> <b>Gainesville, Fl 32601</b>	<b>81. Name</b> <b>82. Street Address (P.O. Box Number is Not Acceptable)</b> <b>83.</b> <b>84. City</b> <b>FL</b> <b>85. Zip Code</b>

**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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1. TITLE</b>	<b>DP</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2. NAME</b>	<b>McDonald, John</b>	<b>1.2 NAME</b>	
<b>3. STREET ADDRESS</b>	<b>424-A NW 13th St</b>	<b>1.3 STREET ADDRESS</b>	
<b>4. CITY-STATE-ZIP</b>	<b>Gainesville, Fl 32601</b>	<b>1.4 CITY-STATE-ZIP</b>	
<b>5. TITLE</b>	<b>VST</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6. NAME</b>	<b>McDonald, John</b>	<b>2.2 NAME</b>	
<b>7. STREET ADDRESS</b>	<b>424-A NW 13th St</b>	<b>2.3 STREET ADDRESS</b>	
<b>8. CITY-STATE-ZIP</b>	<b>Gainesville, Fl 32601</b>	<b>2.4 CITY-STATE-ZIP</b>	
<b>9. TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>10. NAME</b>		<b>3.2 NAME</b>	
<b>11. STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>12. CITY-STATE-ZIP</b>		<b>3.4 CITY-STATE-ZIP</b>	
<b>13. TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>14. NAME</b>		<b>4.2 NAME</b>	
<b>15. STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>16. CITY-STATE-ZIP</b>		<b>4.4 CITY-STATE-ZIP</b>	
<b>17. TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>18. NAME</b>		<b>5.2 NAME</b>	
<b>19. STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>20. CITY-STATE-ZIP</b>		<b>5.4 CITY-STATE-ZIP</b>	
<b>21. TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22. NAME</b>		<b>6.2 NAME</b>	
<b>23. STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>24. CITY-STATE-ZIP</b>		<b>6.4 CITY-STATE-ZIP</b>	

**500002098415**  
**-02/26/97--01056--009**  
**\*\*\*165.00**

**14. I certify that only 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 furnished 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 a duly elected member of the corporation or of the board of directors or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report with an address.**

**SIGNATURE:** \_\_\_\_\_ **2/18/97** **352-335-1201**  
 \_\_\_\_\_ **Date** **Daytime Phone #**  
 \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/96)