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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L32563

(3)

ROYAL DIAMOND & JEWELRY EXCHANGE, INC.

**FILED** 

May 20 1997 8:00am

Secretary of State

| Principal Place                           |                                                                                                                       | Mailing Address 3955 JOG ROAD                                                                   | -                                          |                                       |                     |                                                                                                                |                                |                         |                                |     |  |  |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|--------------------------------|-----|--|--|
| GREEN ACRES                               |                                                                                                                       | GREEN ACRES PLAZA<br>GREEN ACRES CITY FL                                                        | 33467-1521                                 |                                       |                     |                                                                                                                |                                |                         |                                |     |  |  |
|                                           |                                                                                                                       |                                                                                                 |                                            |                                       |                     | 3. Date Incorporated or Qualified 11/27/1989                                                                   |                                | te of Last  <br>23/1996 |                                | ]   |  |  |
| <del></del>                               | Place of Business                                                                                                     | 2a. Mailing Address                                                                             |                                            |                                       |                     | 4. FEI Number                                                                                                  |                                |                         | oplied For                     | or  |  |  |
| Suite, Apt.                               | # Alc                                                                                                                 | 26 Suite Apl # ote                                                                              | Suite. Apt. #, otc.                        |                                       |                     | 65-0159750   Not Applicat                                                                                      |                                |                         |                                | 4   |  |  |
| 22                                        |                                                                                                                       | 27                                                                                              | 7                                          |                                       |                     | 5. Certificate of Status Desired                                                                               | \$8.75 Additional Fee Required |                         |                                |     |  |  |
| City & Stat                               | e                                                                                                                     | City & State                                                                                    |                                            |                                       |                     | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                             |                                |                         |                                | }*  |  |  |
| Zip<br>24                                 | Country 25                                                                                                            | Z(p                                                                                             | Cour                                       | ntry                                  |                     | B. This corporation has liability for in Florida Statutes                                                      |                                | tax under               | ·                              | 7   |  |  |
| F-71                                      | 9. Name and Address of Currer                                                                                         |                                                                                                 |                                            |                                       |                     | Florida Statutes X Yes No  10. Name and Address of New Registered Agent                                        |                                |                         |                                |     |  |  |
| WIF                                       | NBERG, CARL H.                                                                                                        |                                                                                                 |                                            | 81                                    | Name                |                                                                                                                |                                | agoin                   |                                | 4   |  |  |
|                                           | O N. MILITARY TRAIL                                                                                                   |                                                                                                 | 82 Stree                                   |                                       |                     | ess (P.O. Box Number is Not Acceptab                                                                           | <u>~</u>                       |                         |                                | 4   |  |  |
| FOL                                       | JRTIFFLOOR                                                                                                            |                                                                                                 | . (                                        |                                       |                     | ess (r.o. box number is not acceptab                                                                           | e)                             |                         |                                | 1   |  |  |
| B00                                       | CA RATON FL 33431                                                                                                     |                                                                                                 | ſ                                          | 83                                    |                     |                                                                                                                |                                |                         |                                | 7   |  |  |
| i                                         | · <b>•</b>                                                                                                            |                                                                                                 | Ì                                          | 84                                    | City                | 7 - American (1904) - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 | FL                             | 85 Zip                  | Code                           | -   |  |  |
| 11. Pursuant<br>office or r<br>agent. I a | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obtig. | 02 and 607.1508, Florida Statu<br>of Florida. Such change was<br>ations of, Section 607.0505, F | ites, the ab<br>authorized<br>lorida Stati | nove-<br>d by l<br>utes.              | named corporation   | pration submits this statement for the pron's board of directors. I hereby accep                               | irpose of<br>the app           | changing<br>ointment as | its registered<br>s registered | 1   |  |  |
| SIGNATURE                                 |                                                                                                                       |                                                                                                 |                                            |                                       |                     |                                                                                                                |                                |                         |                                |     |  |  |
| 12.                                       | Signature, typed or printed name of registered agr<br>OFFICERS AN                                                     |                                                                                                 | 11: Registered                             | Agen                                  | I signature require | d when reinstating) ADDITIONS/CHANGES TO OFFIC                                                                 | DATE                           | DIRECTO                 | DO IN 12                       | ٦,  |  |  |
| TITLE                                     | D                                                                                                                     | DELETE                                                                                          | 1,1 TII                                    | LE                                    |                     | ADDITIONS/CHANGES TO OFFICE                                                                                    | ENO KIND                       | Change                  |                                | ٦ğ  |  |  |
| NAME                                      | SOLOMON, KENNETH                                                                                                      |                                                                                                 | 1,2 NA                                     | .2 NAME                               |                     |                                                                                                                |                                |                         |                                | 15  |  |  |
| STREET ADDRESS 3955 JOG ROAD              |                                                                                                                       |                                                                                                 | 1.3 \$1                                    | 1.3 STREET ADDRESS                    |                     |                                                                                                                |                                |                         |                                | [8  |  |  |
| CITY-ST-ZIP                               | GREEN ACRES CITY FL                                                                                                   | ·                                                                                               |                                            | 1.4 CITY-SI - ZIP                     |                     |                                                                                                                |                                |                         |                                | _]6 |  |  |
| TITLE                                     | DELETE                                                                                                                |                                                                                                 |                                            | ILE.                                  | }                   |                                                                                                                |                                | ☐ Change                | Addition Addition              | 10  |  |  |
| NAME<br>STREET ADDRESS                    |                                                                                                                       |                                                                                                 |                                            | 2.2 NAME                              |                     |                                                                                                                |                                |                         |                                | }   |  |  |
| STREET ADDRESS  CITY-ST-ZIP               |                                                                                                                       |                                                                                                 |                                            | 2.3 STREET ADDRESS<br>2.4 City-St-Zip |                     |                                                                                                                |                                |                         |                                |     |  |  |
| TITLE                                     |                                                                                                                       | DELETE                                                                                          | 3.1117                                     |                                       | - (11               |                                                                                                                |                                | Change                  | Addition                       | +   |  |  |
| NAME                                      |                                                                                                                       |                                                                                                 | 3 2 NA                                     | ME                                    | Ì                   |                                                                                                                |                                | 3-                      |                                |     |  |  |
| STREET ADDRESS                            |                                                                                                                       |                                                                                                 | 3.3 \$1                                    | REE1 A                                | ADDRESS             |                                                                                                                |                                |                         |                                |     |  |  |
| CITY-ST-ZIP                               |                                                                                                                       |                                                                                                 | 3 4. Cr                                    |                                       | 1-ZIP               |                                                                                                                |                                | <del></del>             | ·                              | _   |  |  |
| TITLE                                     |                                                                                                                       | ☐ DELFTE                                                                                        | 4.130                                      |                                       | }                   |                                                                                                                |                                | Change                  | Addition Addition              | 1   |  |  |
| NAME<br>STREET ADDRESS                    | 1                                                                                                                     |                                                                                                 | 4.2 N/                                     | -                                     | I DODESA            |                                                                                                                |                                |                         |                                |     |  |  |
| CITY-ST-ZIP                               | {                                                                                                                     |                                                                                                 | 4.4 CIT                                    |                                       | ADDRESS             |                                                                                                                |                                |                         |                                |     |  |  |
| TITLE                                     |                                                                                                                       | DELFTE                                                                                          | 5.1 1(1                                    |                                       | - / //              |                                                                                                                |                                | Change                  | Addition                       | ┥   |  |  |
| NAME                                      | . 1                                                                                                                   |                                                                                                 |                                            | 5.2 NAME                              |                     |                                                                                                                |                                |                         |                                | 1   |  |  |
| STREET ADDRESS                            |                                                                                                                       |                                                                                                 | 1                                          |                                       | NODRESS             |                                                                                                                |                                |                         |                                |     |  |  |
| CITY-S1-ZIP                               |                                                                                                                       |                                                                                                 | 5.4 CiT                                    |                                       | 1                   |                                                                                                                |                                |                         |                                | 1   |  |  |
| TITLE                                     |                                                                                                                       | DELFTE                                                                                          | 6.1 TIT                                    |                                       |                     |                                                                                                                |                                | Change                  | Addition                       | 7   |  |  |
| NAME                                      |                                                                                                                       |                                                                                                 | 6.2 NA                                     | ME                                    |                     |                                                                                                                |                                |                         |                                | 1   |  |  |
| STREET ADDRESS                            |                                                                                                                       |                                                                                                 | 6.3 S1f                                    | REE1 A                                | ADDRESS             |                                                                                                                |                                |                         |                                |     |  |  |

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 Statutos. 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 path; 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 pay range appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT