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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M31107

1. Corporation Name

Suite, Apt. #, etc.

ROEDER, GIL

DAVIE FL 33314

4298 SOUTH UNIVERSITY DRIVE

23

24

AMERICAN DIAMOND EXCHANGE INC.

	Mailing Address	
4298 SOUTH UNIVERSITY DRIVE DAVIE FL 33328-3007	4298 SOUTH UNIVERSITY DRIVE DAVIE FL 33328-3007	
Principal Place of Business	2a. Mailing Address	

26

27

Suite, Apt. #, etc.

City & State City & State 28 Country Country 29 30 25 9. Name and Address of Current Registered Agent

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90109 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

	l	DO NOT WIND		113 31 70		
	3.	Date Incorporated or Qualifed				
	\	04/25/1986				
_	4.	FEI Number			A	applied For
		59-2671685			١	lot Applicable
	5.	Certifcate of Status Desired				Additional . Required
	6.	Election Campaign Financing Trust Fund Contribution				May Be to Fees
	8.	This corporation owes the curre Personal Property Tax.	ent yea	r Intangible ☐ Ye		□No
	10.	Name and Address of New R	legiste	ed Agent		

١ _	To. Maine and Address of New Address	9	<u>'</u>
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83	·		_
84	City	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, typed or printed name of registered agent and title if a	applicable (NOTE: R	legistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	Change Addition
NAME	ROEDER, GIL		1.2 NAME	
STREET ADDRESS	10303 NW 7 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 32324		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	: Change Addition
NAME	ROEDER, SANDRA		22 NAME	
STREET ADDRESS	10303 NW 7 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY- ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TODD, ROCER ROEDER		3.2 NAME	·
STREET ADDRESS	10303 NW 7 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	,
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tip Section 119 07/3/() Florida Statutes I further certify that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f), Fronda 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR