

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P13992

(3)

95 MAY -1 AM 9:55

1. Corporation Name

NATIONAL GOLD EXCHANGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

600 NORTH WESTSHORE BLVD
SUITE 204
TAMPA FL 33609

Mailing Address

600 NORTH WESTSHORE BLVD
SUITE 204
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1987

3a. Date of Last Report

03/17/1994

4. FEI Number

04-2665042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

21 14309 N. Dale Mabry Hwy.

26. Mailing Address

26 14309 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

27 City & State

28 Tampa, FL

Zip

Country

Zip

Country

24 33618

25

29 33618

30

9. Name and Address of Current Registered Agent

YAFFE, ALAN
600 NORTH WESTSHORE BLVD
SUITE 204
TAMPA FL 33609

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 typed in printed name of registered agent and the filer only)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
S	YAFFE, SHIRLEY	6368 MCLAURIN DRIVE	TAMPA	FL	
PD	YAFFE, ALAN	6368 MCLAURIN DRIVE	TAMPA	FL	
TD	YAFFE, MARK	16808 MILLAN DE AVILA	TAMPA	FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

Shirley Yaffe
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR

4/27/95