

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 23 PM 2:26

DOCUMENT # **P93000076322 (5)**

1. Corporation Name

**INTERNATIONAL DIAMOND & GOLD EXCHANGE, INC.**

Principal Place of Business  
**892 N NOVA RD  
DAYTONA BEACH FL 32117  
US**

Mailing Address  
**PO BOX 1231  
DAYTONA BEACH FL 32115  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3210070** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$6.75 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOPRAN, THEODORE R  
444 SEABREEZE BLVD.  
SUITE 820  
DAYTONA BEACH FL 32118**

81 Name **THEODORE R. DORAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**444 SEABREEZE BLVD.**  
83 **Suite 800**  
84 City **DAYTONA BEACH** FL 85 Zip Code **32118**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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]*

**3/22/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>P</b>                      |
| NAME           | <b>AUSTIN, ROGER</b>          |
| STREET ADDRESS | <b>892 NOVA ROAD, SUITE D</b> |
| CITY, ST, ZIP  | <b>DAYTONA BEACH FL</b>       |
| TITLE          | <b>ST</b>                     |
| NAME           | <b>MCSWAIN, JACKIE B</b>      |
| STREET ADDRESS | <b>892 NOVA ROAD, SUITE B</b> |
| CITY, ST, ZIP  | <b>DAYTONA BEACH FL</b>       |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY, ST, ZIP  |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY, ST, ZIP  |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY, ST, ZIP  |                               |

|                    |                                           |                                                                              |
|--------------------|-------------------------------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <b>P</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            | <b>AUSTIN, ROGER</b>                      |                                                                              |
| 3. STREET ADDRESS  | <b>2454 W. Int'l Speedway BLVD.</b>       |                                                                              |
| 4. CITY, ST, ZIP   | <b>SUITE 206 DAYTONA BEACH, FL. 32114</b> |                                                                              |
| 5. TITLE           | <b>ST</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            | <b>MCSWAIN, JACKIE B.</b>                 |                                                                              |
| 7. STREET ADDRESS  | <b>2454 W. Int'l Speedway BLVD.</b>       |                                                                              |
| 8. CITY, ST, ZIP   | <b>SUITE 206 DAYTONA BEACH, FL. 32114</b> |                                                                              |
| 9. TITLE           |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                                           |                                                                              |
| 11. STREET ADDRESS |                                           |                                                                              |
| 12. CITY, ST, ZIP  |                                           |                                                                              |
| 13. TITLE          |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                                           |                                                                              |
| 15. STREET ADDRESS |                                           |                                                                              |
| 16. CITY, ST, ZIP  |                                           |                                                                              |
| 17. TITLE          |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                                           |                                                                              |
| 19. STREET ADDRESS |                                           |                                                                              |
| 20. 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 (97C)(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 registered agent 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 addition block with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**3/22/95**

Signature of Agent