FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 27 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 516114 (6)

1. Corporation Name
FILLES EXCHANGE, INC.

Principal Place of Business	Mailing Address
C/O MACHEN. POWERS 301 W CAMINO GARDENS BLVD. #101 BOCA RATON FL 33432 US	C/O MACHEN. POWERS 301 W. CAMINO GARDENS BLVD. #101 BOCA RATON FL 33432-5823 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1976
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 500 Azalea Lane
City & State: 23 Vero Beach, FL
Zip: 24 32963 Country: 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 500 Azalea Lane
City & State: 28 Vero Beach, FL
Zip: 29 32963 Country: 30 US

4. FEI Number: 59-1890681 ☐ 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

9. Name and Address of Current Registered Agent

DISQUE, PHILIP A
707 S.E. 3RD AVE., STE ~~100~~ 400
FT LAUDERDALE FL 33316-8155

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DT	☒ Change ☐ Addition
NAME	DISQUE, PHILIP A	12 NAME		
STREET ADDRESS	707 S.E. 3RD AVE. ~~#100~~ 400	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	VPS	21 TITLE		☒ Change ☐ Addition
NAME	DESROSIERS, SHEILA	22 NAME		
STREET ADDRESS	301 W. CAMINO GARDENS BLVD., #101	23 STREET ADDRESS	500 Azalea Lane	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		31 TITLE	P D	☐ Change ☒ Addition
NAME		32 NAME	Taurel, Leon	
STREET ADDRESS		33 STREET ADDRESS	500 Azalea Lane	
CITY-ST-ZIP		34 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Sheila Desrosiers 3/24/95 407 231 9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHEILA G. DESROSIERS

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