

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. McIlhenny  
Secretary of State  
OFFICE OF REGISTRATIONS

1996 5-10-96

B-6408 NC

DOCUMENT # **F63048**

(5)

1. Corporation Name:  
**INTERCHANGE FINANCE, INC.**



Principal Place of Business

1723 S.E. 47TH TERR  
CAPE CORAL FL 33904

Mailing Address

1723 S.E. 47TH TERR  
CAPE CORAL FL 33904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**ALOIA, ROBERT S**  
1723 SE 47TH TERR  
CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
**01/13/1982**

3a. Date of Last Report  
**08/10/1995**

4. FEI Number  
**59-2240500**

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 obligations to under S. 199.02  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person who signed the report

Signature of the person who signed the report

FAI

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	ALOIA, ROBERT S.	
STREET ADDRESS	1723 S.E. 47TH TERR	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ALOIA, ROBERT S.	
STREET ADDRESS	1723 S.E. 47TH TERR	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ALOIA, GLADYS	
STREET ADDRESS	1723 S.E. 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, and accounts and that my signature shall have the same legal effect as if made in my own hand; that I am an officer or director of the corporation or the receiver or trustee; that I am authorized 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 affidavit.

SIGNATURE: **Robert S. Aloia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96

941/549-7777

CR2E034 (12/95)