

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H07215 (7)**
1. Corporation Name
ORLANDO AREA REAL ESTATE EXCHANGORS, INC.



Principal Place of Business
**C/O CLIFF JORDAN
600 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address
**C/O CLIFF JORDAN
600 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701
US**

3. Date Incorporated or Qualified **06/11/1984** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2441534** 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 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

**ARMSTRONG, MILTON M.
245 S. MAITLAND AVENUE, SUITE 207
MAITLAND FL 32751**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, MILTON M	
STREET ADDRESS	245 SOUTH MAITLAND AVE.	
CITY - ST - ZIP	MAITLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOUSER, RON	
STREET ADDRESS	104 LEYBURN PLACE	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	JORDAN, CLIFF	
STREET ADDRESS	600 HERMITS TRAIL	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, MILTON	
STREET ADDRESS	245 SOUTH MAITLAND AVE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOUSER, RON	
STREET ADDRESS	104 LEYBURN PLACE.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *[Signature]* 3/6/96 407-788-7781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)