

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthewe Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc.	26 Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 06/11/1984	
4. FEI Number 59-2441534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARMSTRONG, MILTON M.
 710 MAJAVE TR
 MATLAND FL 32761**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, MILTON M. Leonard Olmer
STREET ADDRESS	710 MAJAVE TRAIL PO. Box 300382
CITY-ST-ZIP	MATLAND FL Fern Park, FL 32730
TITLE	V <input type="checkbox"/> DELETE
NAME	MOSER, RON
STREET ADDRESS	104 LEYBURN PLACE
CITY-ST-ZIP	LONGWOOD FL
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 MATLAND AVE
CITY-ST-ZIP	MATLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOSER, 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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLMER, LEONARD
1.3 STREET ADDRESS	N/A PO Box 300382
1.4 CITY-ST-ZIP	FERM PARK, FL 32730
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 hereby certify that the information supplied with this filing 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: *M. O. Moser, Director* **March 18th 1998** **(407) 647-0137**

CR2E034 (10/97)