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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90302 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H07215**

1. Corporation Name
ORLANDO AREA REAL ESTATE EXCHANGORS, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/11/1984

4. FEI Number Applied For
59-2441534 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 owes the current year Intangible Personal Property Tax. 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

10. Name and Address of New Registered Agent

ARMSTRONG, MILTON M.
710 MAJAVE TR
MAITLAND FL 32751

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, MILTON M	1.2 NAME	P. OLMER, LEONARD
STREET ADDRESS	PO BOX 300382	1.3 STREET ADDRESS	P.O. BOX 300382
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	FORN PARK, FL 32730
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, RON	2.2 NAME	
STREET ADDRESS	104 LEYBURN PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, CLIFF	3.2 NAME	
STREET ADDRESS	600 HERMITS TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, MILTON	4.2 NAME	
STREET ADDRESS	245 SOUTH MAITLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, RON	5.2 NAME	
STREET ADDRESS	104 LEYBURN PLACE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: **Clifford JORDAN** 4/16/99 407 260-0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4.1/98)