

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L45418** (5)

1. Corporation Name

FINANCIAL SERVICE EXCHANGE, INC.



Principal Place of Business

5319 US HWY 19
 NEW PORT RICHEY FL 34652
 US

Mailing Address

5319 US HWY 19
 NEW PORT RICHEY FL 34652
 US

3. Date Incorporated or Qualified
01/22/1990

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2990359

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

**KEMMET, ALVIN R
 6510 S MADISON ST
 HOLIDAY FL 34690**

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

Signature of person submitting registration information

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEMMET, ALVIN R	
STREET ADDRESS	6510 S MADISON ST	
CITY-STATE-ZIP	HOLIDAY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUBRANO, VINCENT M	
STREET ADDRESS	9005 SHARON DR	
CITY-STATE-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KEMMET, ALVIN R	
13 STREET ADDRESS	5919 RIVER LAWN COURT	
14 CITY-STATE-ZIP	HOLIDAY, FL. 34690	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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:

Alvin R Kemmet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 813 846 8212
 Date Date/Phone #

CR2E034 (12/95)