

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052611 (8)

1. Corporation Name

DATAEXCHANGE NETWORK, INC.

Principal Place of Business

1212 NORTH HERCULES AVENUE
CLEARWATER FL 34625

Mailing Address

1212 NORTH HERCULES AVENUE
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address P.O. Box 5272

26 Clearwater, FL 34618

4. FEI Number

59-3239095

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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25

29

34618

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, DAVID S
1212 NORTH HERCULES AVENUE
CLEARWATER FL 34625

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GOLDMAN, DAVID S
STREET ADDRESS POST OFFICE BOX 4627 N/A
CITY- ST- ZIP CLEARWATER FL 34618

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 5272, 1212 N. Hercules Ave.
1.4 CITY- ST- ZIP Clearwater, FL 34625

TITLE D
NAME LAUGHLIN, ROBERT
STREET ADDRESS POST OFFICE BOX 4627 N/A
CITY- ST- ZIP CLEARWATER FL 34618

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS P.O. Box 5272 1212 N. Hercules Ave.
2.4 CITY- ST- ZIP Clearwater, FL 34625

TITLE D
NAME PIASECKI, MICHAEL M
STREET ADDRESS POST OFFICE BOX 4627 N/A
CITY- ST- ZIP CLEARWATER FL 34618

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Delete
3.4 CITY- ST- ZIP

TITLE D
NAME CORAZZI, SYLVAN R
STREET ADDRESS POST OFFICE BOX 4627 N/A
CITY- ST- ZIP CLEARWATER FL 34618

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS P.O. Box 5272 1212 N. Hercules Ave.
4.4 CITY- ST- ZIP Clearwater, FL 34625

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T
5.3 STREET ADDRESS Saporta, Doug
5.4 CITY- ST- ZIP P.O. Box 5272 1212 N. Hercules Ave.
Clearwater, FL 34625

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME S
6.3 STREET ADDRESS Redman, Rita
6.4 CITY- ST- ZIP P.O. Box 5272 1212 N. Hercules Ave.
Clearwater, FL 34625

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)(b), 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:

Rita Redman Rita Redman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/95

(813)443-0244