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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000052611 (8)**

1. Corporation Name
DATAXCHANGE NETWORK, INC.

Principal Place of Business	Mailing Address
1700 N HURCULES AVE BLDG 3 CLEARWATER FL 34625 US	P O BOX 5272 CLEARWATER FL 34618-5272 US

2. Principal Place of Business	2a. Mailing Address
21 611 Druid Road	26 P.O. Box 5272
Suite, Apt #, etc. 22 Suite #702	Suite, Apt #, etc. 27
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip / Country 24 34616 / 25 U.S.	Zip / Country 29 34618 / 30 U.S.

3. Date Incorporated or Qualified 07/06/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3239095	☐ 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	10. Name and Address of New Registered Agent
GOLDMAN, DAVID S 1700 N HERCULES AVE BLDG 3 CLEARWATER FL 34625	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 611 Druid Road 83 Suite #702 84 City Clearwater FL 85 Zip Code 34616

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 David S. Goldman — 4/17/97
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDMAN, DAVID S 1700 N HERCULES AVE BLDG 3 CLEARWATER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 611 Druid Road, Suite #702 Clearwater, FL 34616	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUGHLIN, ROBERT 1700 HERCULES AVE BLDG 3 CLEARWATER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 611 Druid Road, Suite #702 Clearwater, FL 34616	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORAZZI, SYLVAN R 1700 N HERCULES AVE BLDG 3 CLEARWATER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 611 Druid Road, Suite #702 Clearwater, FL 34616	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REDMAN, RITA 1700 N HERCULES AVE BLDG 3 CLEARWATER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 611 Druid Road, Suite #702 Clearwater, FL 34616	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/96)

14. I do 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: David S. Goldman 4/17/97 (813)443-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #