

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

DOCUMENT # **L45418**Name  
SERVICE EXCHANGE, INC.

Place of Business

 HWY 19  
RICHEY FL 34852

Mailing Address

 5319 US HWY 19  
NEW PORT RICHEY FL 34652  
US

Place of Business

Apt #, etc.

&amp; State

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

 KEMMET, ALVIN R  
6510 S MADISON ST  
HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1990

4. FEI Number

59-2990359

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax.☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

Vincent M Lubrano

82 Street Address (P.O. Box Number is Not Acceptable)

17105 Gulf Blvd #225

83

Redington Beach

84 City

FL

85 Zip Code

33708

I, the undersigned, 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  
of 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  
I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-19-99

## OFFICERS AND DIRECTORS

☒ DELETE
 PD  
KEMMET, ALVIN R.  
5919 RIVER LAWN COURT  
HOLIDAY FL  
~~5919 PD~~  
LUBRANO, VINCENT M  
9005 SHARON DR  
NEW PORT RICHEY FL
☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE

13.

1.1 TITLE

T JAG H WAINER

☐ Change☒ Addition

1.2 NAME

Baghaven Dr

1.3 STREET ADDRESS

Seminole - FL 33776

1.4 CITY-ST-ZIP

2.1 TITLE

S Ronald Lee

☐ Change☒ Addition

2.2 NAME

1214 Alameda Ave

2.3 STREET ADDRESS

Clearwater - FL 34619

2.4 CITY-ST-ZIP

3.1 TITLE

P Vincent M Lubrano

☒ Change☐ Addition

3.2 NAME

17105 GULF BLVD # 225

3.3 STREET ADDRESS

Redington Beach FL 33708

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I 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  
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  
on 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  
12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

727-846-8212

Daytime Phone #

CR2E034 (11/98)