

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 516114 (6)
1. Corporation Name
FILLES EXCHANGE, INC.



Principal Place of Business
C/O MACHEN, POWERS
500 AZALEA LANE
VERO BEACH FL 32963
US

Mailing Address
C/O MACHEN, POWERS
500 AZALEA LANE
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	905 Desrosiers	26	905 Desrosiers	10/01/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 1070 BORET Lake Way		27 1070 BORET Lake Way		59-1890681	
City & State		City & State		Applied For	
23 Melbourne, FL		28 Melbourne, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32940		29 32940		[X] \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 CISA		Trust Fund Contribution	
				[] \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				[X] Yes [] No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DISQUE, PHILIP A
707 S.E. 3RD AVE
SUITE 400
FT LAUDERDALE FL 33316-8155

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	[] Change [] Addition
NAME	DISQUE, PHILIP A	1.2 NAME	
STREET ADDRESS	707 SE 3RD AVE., #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	[X] Change [] Addition
NAME	DESROSIER, SHEILA	2.2 NAME	
STREET ADDRESS	500 AZALEA LANE	2.3 STREET ADDRESS	1070 BORET Lake Way
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	PD	3.1 TITLE	[X] Change [] Addition
NAME	TAUREL, LEON	3.2 NAME	
STREET ADDRESS	500 AZALEA LANE	3.3 STREET ADDRESS	1070 BORET Lake Way
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[] Change [] 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)(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: *Philip A. Disque* *Sheila B. Desrosiers* 4/24/98 407-242-6646

CP2E034 (10/97)