FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 21 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 611155 (3)

1. Corporation Name
Continental Exchange, Inc.

Principal Place of Business	Mailing Address
101 Briny Ave. ~~809N~~ Pompano Beach, FL 33062	101 Briny Ave. ~~809N~~ Pompano Beach, FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/26/79
3a. Date of Last Report: 3/01/94

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 #1203	Suite, Apt. #, etc. 27 #1203
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1982113 ☐ 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
Freudenberg, W.H. 101 Briny Ave., #1203 Pompano Beach, FL 33062	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo[illegible]mits 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 boa[illegible]tors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☒ Change ☐ Addition
NAME	Freudenberg, Edith	12 NAME	
STREET ADDRESS	~~101 Briny Ave, 809N~~	13 STREET ADDRESS	101 Briny Ave., #1203
CITY-ST-ZIP	Pompano Beach, FL 33062	14 CITY-ST-ZIP	
TITLE	S/D	21 TITLE	☒ Change ☐ Addition
NAME	Freudenberg, W.H.	22 NAME	
STREET ADDRESS	~~101 Briny Ave. 809N~~	23 STREET ADDRESS	101 Briny Ave., #1203
CITY-ST-ZIP	Pompano Beach, FL 33062	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	500001465315
CITY-ST-ZIP		34 CITY-ST-ZIP	-04/26/95--01060--018 ****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	KC

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: /s/ [illegible] Freudenberg Edith Freudenberg 3/06/95 305 946-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #