

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **700091** (2)

1. Corporation Name

FLORIDA EMPLOYERS EXCHANGE, INC.



Principal Place of Business 5922 CATTLEMEN LANE SUITE 202 SARASOTA FL 34232 US	Mailing Address 5922 CATTLEMEN LN SUITE 202 SARASOTA FL 34232 US
--	--

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

3. Date Incorporated or Qualified 10/24/1959	
4. FEI Number 59-1118045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLENDA SOYARS 5922 CATTLEMEN LANE SUITE 202 SARASOTA FL 34232	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

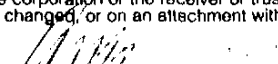
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	RUSSELL A CURRIN, JR
STREET ADDRESS	5922 CATTLEMEN LANE, SUITE 204
CITY-ST-ZIP	SARASOTA FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	FLANDERS, ROBERT W
STREET ADDRESS	2180 PRINCETON STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	FOXWORTHY, RON
STREET ADDRESS	7200 CHAMELEON WAY
CITY-ST-ZIP	SARASOTA FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	JACOBS, G.W.
STREET ADDRESS	2801 CATTLEMEN ROAD
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	STD <input type="checkbox"/> DELETE
NAME	CONYERS, ALBERT
STREET ADDRESS	777 S. PALM AVE.
CITY-ST-ZIP	SARASOTA FL 34230
TITLE	D <input type="checkbox"/> DELETE
NAME	RAY NEFF
STREET ADDRESS	2801 CATTLEMEN RD
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy Hensey
1.3 STREET ADDRESS	3301 Whitfield Ave.
1.4 CITY-ST-ZIP	Sarasota, FL 34243
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Albert L. Conyers** 2/9/98 (941) 377-4333

CP2E037 (1097)