Apr 28 1998 8:00am Secretary of State

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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham •

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(9)

FI ORIDA MOI ASSES EYCHANGE INC

I LOTIDA MOLA	33L3 EXCHANGE	, 1110	•								
Principal Place of Business			Mailing Address				T LEBENH COOLO LOVIL BOUR ESTAN ESTAN BION BIBNI				
2655 N OCEAN DR RIVIERA BEACH FL 33404			2655 N OCEAN DR RIVIERA BEACH FL 33404				3. Date Incorporated or Qualified 04/30/1969				
							4. FEI Number Applied For Not Applicable				
2. Principal Place of Business			2e. Malling Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State			City & State				7. Is this nonprofit corporation a homeowners association? Yes No				
	Country 25	29	Zip	ip Country			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
					81	Name					
WHITE, JOHN B 222 LAKEVIEW AVE					82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1000 WEST PALM BEACH FL 33401					83						
					84	City					
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											

SIGNATURE					•	
	Signature, typed or printed name of registered agent and this if as			e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTO	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	SD	Change Change	Addition
HAME	TERRILL, JAMES E		1.2 NAME			
STREET ADDRESS	111 PONCE DE LEON AVE.		1.3 STREET ADDRESS	1		
CITY-ST-ZIP	CLEWISTON FL		1.4 City-St-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	CARSON, DON		2.2 NAME			
STREET ADDRESS	316 ROYAL POINCIANNA PLZ		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		2. 4 CITY - \$T - ZIP			
TITLE	\$ 0	DELETE	3.1 TITLE	DD	Change	Addition
NAME	VALDIVIA, JOSE F JR		3.2 NAME	PD		
STREET ADDRESS	316 ROYAL POINCIANA PLZ		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		3.4. CITY-ST-ZIP	<u>l</u>		
TITLE	TD	DELETE	4.1 TITLE	VD	X. Change	Addition
NAME	CONTRERAS, ANTONIO L. JR		4, 2 NAME	\ \ ^D		
STREET ADDRESS	AIRPORT ROAD		4.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL		4.4 CITY - ST - ZIP			
TITLE	AS	DELETE	5.1 TITLE	AS/T	☐ Change	Addition
NAME	HILL, FRED		52 NAME	AD/ T		
STREET ADDRESS	2655 N OCEAN DR		5.3 STREET ADDRESS	Hale, John A.		
CITY-ST-ZIP	RIVIERA BEACH FL		5.4 CITY-ST-ZIP	same as 12 (Hill Fred)	
TITLE	VO	DELETE	6.1 TITLE	TD Fernandez, Luis making	☐ Change	Addition
NAME	PONS, FRANCISTO		6.2 NAME	Fernandez, Luis	, Adbress	~
CTREET ADDRESS	28400 OLD STATE 880		SE STOCKT ANDOCOM	D O Don 1000	MINZ	

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 any attachment with an address.

SIGNATURE:

3/26/98

1561)848-3301