

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90007 032 \*\*\*550.00

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1. Corporation Name

TRADE'EX ELECTRONIC COMMERCE SYSTEMS, INC.

Principal Place of Business

501 EAST KENNEDY BOULEVARD SUITE 750  
TAMPA FL 33602

Mailing Address

501 EAST KENNEDY BOULEVARD SUITE 750  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

59-2966059

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 501 E. Kennedy Blvd.

Suite, Apt. #, etc.

22 Suite 600

City & State

23 Tampa, FL

Zip

24 33602

Country

2a. Mailing Address

26 501 E. Kennedy Blvd.

Suite, Apt. #, etc.

27 Suite 600

City & State

28 Tampa, FL

Zip

29 33602

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PC  
AEGERTER, DANIEL S  
501 EAST KENNEDY BOULEVARD SUITE 750  
TAMPA FL 33602

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
BERTRON, STEWART T  
501 EAST KENNEDY BOULEVARD SUITE 750  
TAMPA FL 33602

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TS  
STADDON, KEITH  
501 EAST KENNEDY BOULEVARD SUITE 750  
TAMPA FL 33602

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
J. Sigmund Mesley  
501 E. Kennedy Blvd. Suite 600  
Tampa, FL 33602

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D  
Vern Highberg  
501 E. Kennedy Blvd. Suite 600  
Tampa, FL 33602

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D  
James A. Johnson  
501 E. Kennedy Blvd. Suite 600  
Tampa, FL 33602

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T  
Keith Staddon  
501 E. Kennedy Blvd. Suite 600  
Tampa, FL 33602

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S  
Michael S. Murray  
501 E. Kennedy Blvd. Suite 600  
Tampa, FL 33602

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Michael S. Murray, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/6/99