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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G65130**

(8)

1. Corporation Name
EXCHANGE REALTY, INC.



2. Principal Office Address
**211 AVE. G. SW
WINTER HAVEN FL 33880**

3. Mailing Address
**211 AVE. G. SW
WINTER HAVEN FL 33880**

4. Principal Office Address

21. Street Address

22. City & State

23. Zip

24. Country

25. State

2a. Mailing Address

26. Street Address

27. City & State

28. Zip

29. Country

30. State

9. Name and Address of Current Registered Agent

**WARREN, BETTY JOANN
1115 3RD ST SW
WINTER HAVEN FL 33880**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
211 AVE G S.W.

83. City

84. State

WINTER HAVEN

FL

85. Zip Code
33880

11. The undersigned hereby certifies that the information furnished herein is true and correct, and that the undersigned is duly qualified to act as a registered agent for the corporation. This statement is made for the purpose of changing its registered office to the address and to accept the obligation of the agent as required by Chapter 662, Florida Statutes.

12. Officers and Directors

**PD
WARREN, BETTY JOANN
211 AVENUE G SW
WINTER HAVEN FL**

[] OFFICE

[] OFFICE

[] OFFICE

[] OFFICE

[] OFFICE

[] OFFICE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name

2. Title

3. Full Name

4. Full Name

5. Title

6. Title

7. Full Name

8. Full Name

9. Title

10. Title

11. Full Name

12. Full Name

13. Title

14. Title

15. Full Name

16. Full Name

17. Title

18. Title

19. Full Name

20. Full Name

21. Title

22. Title

23. Full Name

24. Full Name

14. The undersigned hereby certifies that the information furnished herein is true and correct, and that the undersigned is duly qualified to act as a registered agent for the corporation. This statement is made for the purpose of changing its registered office to the address and to accept the obligation of the agent as required by Chapter 662, Florida Statutes. I further certify that the information furnished herein is true and correct, and that my signature shall have the same legal effect as if made under oath. This statement is made for the purpose of changing its registered office to the address and to accept the obligation of the agent as required by Chapter 662, Florida Statutes, and that my name is signed in Block Letter Block and printed in capital letters and with my address.

SIGNATURE:

B. Joann Warren President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 941-294-3226

CR2E034 (12/95)