

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H02954** (6)

1. Corporation Name

THE STORK EXCHANGE, INC.



Principal Place of Business

**C/O THELMA JEAN WELLS
3133 CORRINE DR
ORLANDO FL 32803
US**

Mailing Address

**C/O THELMA JEAN WELLS
3133 CORRINE DR
ORLANDO FL 32803
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., etc.

26 Suite, Apt., etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WELLS, THELMA JEAN
3133 CORRINE DR
ORLANDO FL 32803**

3. Date Incorporated or Qualified

05/10/1984

3a. Date of Last Report

02/17/1995

4. FEI Number

59-2410074

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

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 607.0302 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 of person who is authorized to sign this report

Signature of Registered Agent (signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PST	☐ DELETE
12.2 NAME	WELLS, THELMA JEAN	
12.3 STREET ADDRESS	958 DUNRAVEN DR	
12.4 CITY-ST-ZIP	WINTER PARK FL	
12.5 TITLE		☐ DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-ST-ZIP		
12.9 TITLE		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-ST-ZIP		
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-ST-ZIP	

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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THELMA JEAN WELLS PST

FEB 3, 1996

Date

407-740-8682

Daytime Phone #

CR2E034 (12/95)