

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H07215 (7)
1. Corporation Name
ORLANDO AREA REAL ESTATE EXCHANGORS, INC.



Principal Place of Business C/O CLIFF JORDAN 600 HERMITS TRAIL ALTAMONTE SPRINGS FL 32701 US	Mailing Address C/O CLIFF JORDAN 600 HERMITS TRAIL ALTAMONTE SPRINGS FL 32701-2704 US
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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
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3. Date Incorporated or Qualified 06/11/1984	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2441534	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARMSTRONG, MILTON M. 245 S. MAITLAND AVENUE, SUITE 207 710 Mojave Tr. MAITLAND FL 32751	
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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 *Milton M. Armstrong* DATE 3/4/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ARMSTRONG, MILTON M
STREET ADDRESS	245 SOUTH MAITLAND AVE.
CITY-ST-ZIP	MAITLAND FL
TITLE	V
NAME	MOSER, RON
STREET ADDRESS	104 LEYBURN PLACE
CITY-ST-ZIP	LONGWOOD FL
TITLE	TS
NAME	JORDAN, CLIFF
STREET ADDRESS	600 HERMITS TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	ARMSTRONG, MILTON
STREET ADDRESS	245 SOUTH MAITLAND AVE
CITY-ST-ZIP	MAITLAND FL
TITLE	DD
NAME	MOSER, RON
STREET ADDRESS	104 LEYBURN PLACE.
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Armstrong, Milton M.
1.3 STREET ADDRESS	710 Mojave Trail
1.4 CITY-ST-ZIP	Maitland, FL 32751
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Milton M. Armstrong* President 2/19/97

CR2E034 (9/96)