

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

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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K07513**

1. Corporation Name
FOREIGN CURRENCY EXCHANGE CORP

Principal Place of Business 1650 SANDLAKE RD SUITE 201A ORLANDO FL 32809	Mailing Address 1650 SANDLAKE RD SUITE 201A ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/17/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2862300
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PINNA, RANDOLPH W
1650 SANDLAKE RD., STE 200
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres + Director <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINNA, RANDOLPH	1.2 NAME	SANFORD PINNA
STREET ADDRESS	1650 SANDLAKE RD #201A	1.3 STREET ADDRESS	1307 E. VINE ST
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, STACEY	2.2 NAME	MARK MICKLEBOROUGH
STREET ADDRESS	1650 SAND LAKE RD, SUITE 200	2.3 STREET ADDRESS	390 BAY ST, SUITE 1615
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	TORONTO, ONTARIO M5H 2Y2
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISHEYER, JAMES	3.2 NAME	DAVID ROGERS
STREET ADDRESS	1650 SAND LAKE RD, SUITE 200	3.3 STREET ADDRESS	390 BAY ST, SUITE 1615
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	TORONTO, ONTARIO M5H 2Y2
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Mickleborough	4.2 NAME	DONALD ROSS
STREET ADDRESS		4.3 STREET ADDRESS	110 YONGE ST, SUITE 600
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TORONTO, ONTARIO M5C 3A2
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	David Rogers	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Donald Ross	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)