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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10713** (8)
1. Corporation Name
ARMED FORCES INTERCHANGE GROUP, INC.



Principal Place of Business 5201 W KENNEDY BLVD STE 915 TAMPA FL 33609 US	Mailing Address PO BOX 22377 TAMPA FL 33622-2377
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3. Date Incorporated or Qualified 08/15/1985	
4. FEI Number 59-2698965	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLINS, LEROY JR. 5201 W. KENNEDY BLVD. SUITE 915 TAMPA FL 33607	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P COLLINS, LEROY, JR
STREET ADDRESS	5201 W KENNEDY BLVD, 915
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D GUDINAS, DONALD J
STREET ADDRESS	1177 NE LOOP 410
CITY-ST-ZIP	SAN ANTONIO TX
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HERRON, MICHAEL
STREET ADDRESS	203 PARK AVENUE
CITY-ST-ZIP	GOLDSBORO NC
TITLE	<input type="checkbox"/> DELETE
NAME	D SUMMERS, ARTHUR
STREET ADDRESS	MCAS EL TORO
CITY-ST-ZIP	SANTA ANA CA
TITLE	<input type="checkbox"/> DELETE
NAME	D YOKUM, JEAN M.
STREET ADDRESS	1055 W MERCURY BLVD
CITY-ST-ZIP	HAMPTON VA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 3/14/98 812/052-1051

CR2E037 (10/97)

**ADDENDUM
TO
CORPORATION ANNUAL REPORT - 1998

ARMED FORCES INTERCHANGE GROUP, INC.
d/b/a
Armed Forces Financial Network**

ADDITIONAL DIRECTORS

<u>Name</u>	<u>Title</u>	<u>Street Address</u>	<u>City/State</u>
Baker, Rudy	Director	Building 41571, Reilly Road	Fort Bragg, NC 28307
Reavis, Jerry	Director	1422 E. Grayson Street	San Antonio, TX 78286
Simmons, Gordon	Director	2010 Lafayette Road	Portsmouth, NH 03801

DELETIONS

<u>Name</u>	<u>Title</u>	<u>Street Address</u>	<u>City/State</u>
Hodgin, Mildred	Director	805 Park Avenue	Goldsboro, NC

ADDITIONAL OFFICERS

<u>Name</u>	<u>Title</u>	<u>Street Address</u>	<u>City/State</u>
DeBarba, Edmund A.	Vice Pres. & Asst. Treas.	5201 W. Kennedy Blvd., Ste. 915	Tampa, FL 33609
Donahue, Edward A.	Vice Pres. - Marketing	5201 W. Kennedy Blvd., Ste. 915	Tampa, FL 33609
Hamilton, Karin	Assistant Secretary	5201 W. Kennedy Blvd., Ste. 915	Tampa, FL 33609
Lively, Robert A.	Executive Vice President	5201 W. Kennedy Blvd., Ste. 915	Tampa, FL 33609
Roberson, Bruce H. Esquire	Secretary	400 N. Ashley, Suite 2300	Tampa, FL 33602
Weber, David O.	Vice Pres. & Treasurer	5201 W. Kennedy Blvd., Ste. 915	Tampa, FL 33609