


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 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 # N30288 (7)
1. Corporation Name
L'EXCHANGE CULTURAL DE ST. CLOUD INCORPORE



Principal Place of Business 17 S. ORLANDO AVE. A KISSIMMEE FL 34741	Mailing Address 17 S. ORLANDO AVE. A KISSIMMEE FL 34741
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3. Date Incorporated or Qualified 01/20/1989	4. FEI Number 59-2940770	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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

**THORNTON, H.R. JR.
4449 RUMMELL ROAD
ST. CLOUD FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 officer 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 _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOUST, MICHAEL S	
STREET ADDRESS	1083 E LAKESHORE BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOUST, KATHLEEN M	
STREET ADDRESS	17 S. ORLANDO AVE.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BLANFORD, DONNA	
STREET ADDRESS	17 S. ORLANDO AVE.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUNTER, JULIANN S	
STREET ADDRESS	311 FLORIDA AVE.	
CITY-ST-ZIP	ST. CLOUD FL 34709	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	William Bauer	
STREET ADDRESS	3550 Lake Shore Blvd.	
CITY-ST-ZIP	St. Cloud, FL 34769	
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)(l), 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: Kathleen M. Foust **REQUIRED** 4/27/98 407-870-5578

CR2E037 (10/97)