


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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000011693 (8)			
1. Corporation Name WORLD EXCHANGE SERVICE, INC.			
Principal Place of Business 8061 W. MCNAB ROAD STE 1 TAMARAC FL 33321 US		Mailing Address 8061 W. MCNAB ROAD STE 1 TAMARAC FL 33321-3254 US	
2. Principal Place of Business 21 486 W. HILLSBORO BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 486 W. HILLSBORO BLVD Suite, Apt. #, etc.	
22 City & State 23 DEERFIELD BEACH, FL. Zip Country 24 33441 25 BROWARD		27 City & State 28 DEERFIELD BEACH, FL. Zip Country 29 33441 30 BROWARD	
9. Name and Address of Current Registered Agent KENNETH B. SCHWARTZ 8061 W. MCNAB ROAD STE 1 TAMARAC FL 33321		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 486 W. HILLSBORO BLVD 84 City DEERFIELD BEACH FL 85 Zip Code 33441	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	SCHWARTZ, KENNETH B		
STREET ADDRESS	8061 W. MCNAB ROAD		
CITY- ST- ZIP	TAMARAC FL 33321		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	486 W. HILLSBORO BLVD		
1.4 CITY- ST- ZIP	DEERFIELD BEACH, FL. 33441		
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 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 registered or trusted 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: _____		04/08/1997 954-426-0139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)