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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300069012 (1)

REX - REAL ESTATE EXCHANGE, INC.

Principal Place of Business Mailing Address										
999 WOODCOO ORLANDO FL	X RD. 8-9118	999 WOODCOCK RD. S.	999 WOODCOCK RD. 8-311B ORLANDO FL 32803-3737							
					3. Date Incorpora 09/27/1993	ted or Qualified	3a. Date o 08/14/		porl	
	lace of Business	2a. Mailing Address	— <sub>]</sub>		4. FEI Number	_		Ap	olied For	
Sulte, Apt. #, etc.		26 Suite Apl # ale				59-3206770   Not Applie   S8.75 Addition			Applicable	
<u> </u>		Suite, Apt. #, etc.	<del>-</del> 1		5. Certificate of St	tatus Desired	□ <b>&gt;</b>	Fee Re		
City & State		City & State	City & State		6. Election Campa	-		\$5.00		
Zip	Country	28 Zir	Z(p Oountry		Trust Fund Cor			Added to		
24	25			,	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  No				
	9. Name and Address of Curre		30		10. Name and Add					
FOS	TOFF, ELLEN		81	Name						
	WOODCOCK RD		82	Street	Address (P.O. Box Numbe	r is Not Acceptab	le)			
	E 311B		83	ļ. <b></b>						
UHL	ANDO FL 32803			<u> </u>				<del></del>		
			84	City			FL 85	5 Zip C	Code	
office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	s authorized h	v the con	corporation submits this st poration's board of director	atement for the p s. I hereby accep	urpose of cha t the appointr	nging its nent as r	registered egistered	
SIGNATURE								· • · · · · · · ·		
12.	Signature, typod or printed name of registered a	igent and title if applicable (N ND DIRECTORS	Olf : Registered Ag	ent signature	required when re-instating)  ADDITIONS/CHA	ANGES TO OFFIC	DATE CERS AND DIE	ECTOR!	S IN 12	
TITLE	P	DELEVE 1:		··	71007110(10)	11020 10 01110		Change	X Addition	
NAME	FOSTOFF, ELLEN		1.2 NAME							
STREET ADDRESS 999 WOODCOCK RD., STE. 311B		311B	1.3 STREET ADDRESS		24042				}	
CITY-ST-ZIP	ORLANDO FL		1.4 CHY-	ST-ZIP	32843					
TITLE		☐ DELETE	2.1 117LF				Ш	Change	L_ Addition	
NAME CTOCCT ADDOCCO			2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			2.4 CITY							
TITLE		☐ DELF1E	3.17(TLE	31 20				Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRESS						
CITY-ST-ZIP			3.4. CITY	ST-ZIP			···	-		
TITLE		☐ DELETE	4.1 THLE				<u></u>	Change	L_I Addition	
NAME STREET ADDRESS			4. 2 NAM	I ADDRESS						
CITY-ST-ZIP			4.4 DITY-							
TITLE		DELETE	51 Inte	01 21/				Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 <b>\$</b> TREE	1 ADDRESS						
CITY-ST-ZIP		T	5.4 CHY-	\$1-7IP		······································	<del></del>		<u> </u>	
TITLE		DELFTE	6.1 1171.6					Change	[_] Addilion	
NAME			6.2 NAME						}	
STREET ADDRESS			0.3 \$ I RE	T ADDRESS					į	

I. 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 eath; 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.

SIGNATURE:

Goo Stangelly (Elich (Fostoff)

4/30/97 407-894-8291

**FILED** 

May 08 1997 8:00am

Secretary of State