

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Maybank  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000017446 (3)**

1. Corporate Name

**INTERNATIONAL EXCHANGE NETWORK, INC.**

Principal Place of Business

Mailing Address

14498 S TAMiami TRAIL  
FT MYERS FL 33912

14498 S TAMiami TRAIL  
FT MYERS FL 33912

APR 27 1995  
5:11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DONOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report

4. FEI Number **65-0476637** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for obligations for under § 139.001 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. **14498 S. Tamiami Trail** 26. **PO BOX 07430**

22. State: **FL** 27. State: **FL**

23. City: **Fort Myers** 28. City: **Fort Myers**

24. Zip: **33912** 25. County: **Lee** 29. Zip: **33919** 30. County: **Lee**

9. Name and Address of Current Registered Agent

**INVESTORS FINANCIAL SERVICES, INC.**  
14498 S TAMiami TRAIL  
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81. Name **HAL J. BURKE**

82. Street Address (P.O. Box Number is Not Acceptable) **14498 S. Tamiami Trail**

83. City **Fort Myers** 84. State **FL** 85. Zip **33912**

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of both in the State of Florida. Such change was authorized by the corporation's Board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes.

SIGNATURE: 4/24/95

12. OFFICERS AND DIRECTORS

OFFICER	DP NAME: <b>GEORGE, RONNIE</b> STREET ADDRESS: <b>14498 S TAMiami TRAIL</b> CITY: <b>FT MYERS FL 33912</b>	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President/Director</b> <b>Ronnie George</b> <b>14498 S. Tamiami Trail</b> <b>Fort Myers FL 33912</b>
OFFICER	<del>OFFICER</del> NAME: <del><b>MCHENRY, JIM</b></del> STREET ADDRESS: <del><b>14498 S TAMiami TRAIL</b></del> CITY: <del><b>FT MYERS FL 33912</b></del>	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice Pres./Secretary/Director</b> <b>Nathan Moldovsky</b> <b>14498 S. Tamiami Trail</b> <b>Fort Myers FL 33912</b>
OFFICER	DT NAME: <b>BURKE, HAL</b> STREET ADDRESS: <b>14498 S TAMiami TRAIL</b> CITY: <b>FT MYERS FL 33912</b>	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer/Director</b> <b>Hal Burke</b> <b>14498 S. Tamiami Trail</b> <b>Fort Myers FL 33912</b>
OFFICER	DS NAME: <b>MOLDOVSKY, NATE</b> STREET ADDRESS: <b>14498 S TAMiami TRAIL</b> CITY: <b>FT MYERS FL 33912</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and flows not only for the exceptions stated as to the Florida Statutes. I further certify that this information is filed on this annual report and is not a separate report and that my signature shall be on the same as provided for in the Florida Statutes. I am familiar with and accept the obligations of the Florida Statutes. I am familiar with and accept the obligations of the Florida Statutes. I am familiar with and accept the obligations of the Florida Statutes.

SIGNATURE: **TREAS.** 4/26/95  
Hal Burke TREAS. 4/26/95 813-481-1800