

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000017446 (3)**

1. Corporation Name
INTERNATIONAL EXCHANGE NETWORK, INC.



Principal Place of Business
**14498 S. TAMiami TRAIL
FT. MYERS FL 33912
US**

Mailing Address
**P.O. BOX 07430
FT. MYERS FL 33919
US**

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0476637	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	Zip	Country
25			30		
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURKE, HAL J. 14498 S. TAMiami TRAIL FT. MYERS FL 33912				81	Name PROPERTY EXCHANGE NETWORK, INC.		
				82	Street Address (P.O. Box Number is Not Acceptable) 14498 S. TAMiami TRAIL		
				83			
				84	City FT. MYERS	FL	85

11. Pursuant to the provisions of Sections 607.02 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: *NATHAN MOLDOVSKY* **NATHAN MOLDOVSKY** **PRESIDENT** DATE: **4/26/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition			
NAME	GEORGE, RONNIE		1.2 NAME				
STREET ADDRESS	14498 S TAMiami TRAIL		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CITY-ST-ZIP				
TITLE	VPDS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition			
NAME	BURKE, HAL		2.2 NAME				
STREET ADDRESS	14498 S TAMiami TRAIL		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition			
NAME	MOLDOVSKY, NATE		3.2 NAME				
STREET ADDRESS	14498 S TAMiami TRAIL		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33912		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, its 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 a separate sheet with an address.

SIGNATURE: *NATHAN MOLDOVSKY* **NATHAN MOLDOVSKY/Sec.** DATE: **4/26/96** PHONE: **941-486-1800**

CR2E034 (12/95)