

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

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33919-0411 US
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3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 1520 ROYAL PALM SQUARE Blvd	21 1520 Royal Palm Square Blvd
22 Suite 250	27 Suite 250
23 Ft. Myers, Florida	28 Ft. Myers, FL.
24 33919	29 33919
25 USA	30 U.S.A.

4. FEI Number 65-0476637	Applied For Not Applicable
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
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
**PROPERTY EXCHANGE NETWORK INC
14498 S. TAMiami TRAIL
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1520 Royal Palm Square Blvd - Suite 250
83	
84 City	FL Myers
85 Zip Code	FL 33919

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 have) (I have not) accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Property Exchange Network Inc N. Moldovsky, Pres.** DATE **4/18/97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GEORGE, RONNIE	
STREET ADDRESS	14498 S TAMiami TRAIL	
CITY - ST - ZIP	FT MYERS FL 33912	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	BURKE, HAL	
STREET ADDRESS	14498 S TAMiami TRAIL	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MOLDOVSKY, NATE	
STREET ADDRESS	14498 S TAMiami TRAIL	
CITY - ST - ZIP	FT MYERS FL 33912	
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	1520 Royal Palm Square Blvd - Suite 250	
1.3 STREET ADDRESS	FL Myers, FL 33919	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1520 Royal Palm Square Blvd - Suite 250	
2.3 STREET ADDRESS	FL Myers, FL 33919	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1520 Royal Palm Square Blvd - Suite 250	
3.3 STREET ADDRESS	FL Myers FL 33919	
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 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: **N. MOLDOVSKY** DATE: **4/18/97** TELEPHONE: **(941) 877-1985**

CR2E034 (9/96)