

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035278 (8)

1. Corporation Name

EXCHANGE ASSOCIATES, INC.

Principal Place of Business

1328 SOUTH HIGHWAY A1A
FOLLER BEACH FL 32136

Mailing Address

P.O. BOX 1230
FOLLER BEACH FL 32136



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS RD. NORTH
SUITE B
PALM COAST FL 32137

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

02/24/1995

4. FEI Number

APPLIED FOR 59-3241948

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature typed or printed name of registered agent and chief officer (applicable)

(NOTE: Registered Agent signature required when not using)

(date)

12. OFFICERS AND DIRECTORS

TITLE D VAUGHN, SAMMY C

100 MORGANER CIRCLE
DAYTONA BEACH FL 32119

TITLE D BLEDSE, JAMES R

P.O. BOX 4578 (N/A)
SOUTH DAYTONA FL 32121

TITLE D RISCH, E. DAVID

P.O. BOX 8065 (N/A)
PALATKA FL 32178

TITLE D STANTON, MARK P

P.O. BOX 459 (N/A)
PALATKA FL 32178

TITLE D MCNAB, JAMES M

P.O. BOX 1230 (N/A)
FOLLER BEACH FL 32136

TITLE D

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***225.00

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. McNab

6/19/96

904-439-3884

CR2E034 (3/96)