

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052611 (8)

1. Corporation Name

DATAEXCHANGE NETWORK, INC.



Principal Place of Business

1212 NORTH HERCULES AVENUE
CLEARWATER FL 34625

Mailing Address

P O BOX 5272
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1700 N. Hercules Ave.

26 Suite, Apt. #, etc.

22 Bldg. # 3

27 Suite, Apt. #, etc.

23 Clearwater, FL

28 City & State

24 34625

29 Zip

25 USA

30 Country

4. FEI Number

59-3239095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDMAN, DAVID S
1212 NORTH HERCULES AVENUE
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name Goldman, David S.

82 Street Address (P.O. Box Number is Not Acceptable)
1700 N. Hercules Ave.

83 Bldg. # 3

84 City Clearwater

FL

85 Zip Code 34625

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 and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GOLDMAN, DAVID S
STREET ADDRESS 1212 N HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME LAUGHLIN, ROBERT
STREET ADDRESS 1212 N HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME SAPORTA, DOUG
STREET ADDRESS 1212 N HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME CORAZZI, SYLVAN R
STREET ADDRESS 1212 N HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME REDMAN, RITA
STREET ADDRESS 1212 N HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1700 N. Hercules Ave., Bldg. #3
Clearwater, FL 34625

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1700 N. Hercules Ave., Bldg. #3
Clearwater, FL 34625

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1700 N. Hercules Ave., Bldg. #3
Clearwater, FL 34625

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Redman, Rita
1700 N. Hercules Ave., Bldg. #3
Clearwater, FL 34625

6.1 TITLE

☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rita Redman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita Redman, Secretary

4/30/96

Date

(813) 443-0244

Daytime Phone #

CR2E034 (12/95)