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FILED

Apr 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052611 (8)

1. Corporation Name

DATAXCHANGE NETWORK, INC.

Principal Place of Business

1700 N HERCULES AVE
BLDG 3
CLEARWATER FL 34625
US

Mailing Address

P O BOX 5272
CLEARWATER FL 34618-5272
US3. Date Incorporated or Qualified
07/06/19943a. Date of Last Report
05/01/1996

4. FEI Number

59-3239095

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 611 Druid Road

Suite, Apt. #, etc.

22 Suite # 702

City & State

23 Clearwater, FL

Zip

24 34616

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 5272

Suite, Apt. #, etc.

City & State

28 Clearwater, FL

Zip

29 34618

Country

30 U.S.

9. Name and Address of Current Registered Agent

GOLDMAN, DAVID S
1700 N HERCULES AVE
BLDG 3
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

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

611 Druid Road

83

Suite # 702

84

City
Clearwater

FL

85 Zip Code

34616

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 David S. Goldman

Signature typewritten name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME GOLDMAN, DAVID S
STREET ADDRESS 1700 N HERCULES AVE BLDG 3
CITY-ST-ZIP CLEARWATER FLTITLE D ☐ DELETENAME LAUGHLIN, ROBERT
STREET ADDRESS 1700 HERCULES AVE BLDG 3
CITY-ST-ZIP CLEARWATER FLTITLE D ☐ DELETENAME CORAZZI, SYLVAN R
STREET ADDRESS 1700 N HERCULES AVE BLDG 3
CITY-ST-ZIP CLEARWATER FLTITLE S ☐ DELETENAME REDMAN, RITA
STREET ADDRESS 1700 N HERCULES AVE BLDG 3
CITY-ST-ZIP CLEARWATER FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
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

611 Druid Road, Suite # 702
Clearwater, FL 34616

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

611 Druid Road, Suite # 702
Clearwater, FL 34616

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

611 Druid Road, Suite # 702
Clearwater, FL 34616

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

611 Druid Road, Suite # 702
Clearwater, FL 34616

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Goldman 4/17/97 (813)443-0244

Date

Daytime Phone #

CR2E034 (9/96)