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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000045232 (2) 1031 EXCHANGE SERVICES, INC. Principal Place of Business Mailing Address 1401 E. BROWARD BLVD. 1401 E. BROWARD BLVD. SUITE 206 SUITE 206 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1995 Principa: Place of Business Applied For PO BOX 1 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ 8. This corporation has habitity for intangible tax under s. 199 032 24 25 Yos No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLS, RICHARD A III 1401 E. BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 83 FORT LAUDERDALE FL 33301 City Zip Code 85 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 Stipe-ture, the estar printed ready. The position agreet and the illapplication stered Agent signature required when reinstating? 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)THILE DELETE 1.1 TITLE Change Addition MILLS, RICHARD A III NAME 1.2 NAME 14011 E. BROWARD BLVD., SUITE 206 STREET ADDRESS 13 STREET ADDRESS FORT LAUDERDALE FL 33301 CITY ST-ZIE 14 CITY - ST - 7IP Tille DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHT + ST - ZIP 2 4 CITY - ST- ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 1111/6 Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-712 5.4 CITY -ST-ZIP DELETE 800001925478Change Addition -08/19/96--01028--017 TITLE 6.1 TITLE NAME 6.2 NAME ***375.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7IP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing is further certify that the information indicated on this annual robotic made under cath, that I are an office or median in the property of the my name appears in Blody for Blody 131 thangled for on an

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tarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I apprenental annual report is true and accurate and that my signature shall have the same legal effect as if the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and