


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90169 040 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000080846**

1. Corporation Name

**MIDWEST EXCHANGE COMPANY, INC.**

Principal Place of Business

3906 TAMiami TRAIL NORTH #B  
NAPLES FL 33940

Mailing Address

3906 TAMiami TRAIL NORTH #B  
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

34103

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

34103

Country

4. FEI Number

65-0636618

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

DAVIS, MICHAEL S  
3936 TAMiami TRAIL NORTH #B  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81	Name	SEE ATTACHED James D. Vogel
82	Street Address (P.O. Box Number is Not Acceptable)	3936 N. Tamiami Trail
83	Suite, Apt. #, etc.	Suite B
84	City	Naples, FL
85	Zip Code	34103

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.5.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	10 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, RICHARD M	1.2 NAME	
STREET ADDRESS	3936 TAMiami TRAIL NORTH #B	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, JAMES D	2.2 NAME	
STREET ADDRESS	3936 TAMiami TRAIL NORTH #B	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL S	3.2 NAME	
STREET ADDRESS	3936 TAMiami TRAIL NORTH #B	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, PAULA R	4.2 NAME	
STREET ADDRESS	3936 TAMiami TRAIL NORTH #A	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Betty A. Huff
STREET ADDRESS		5.3 STREET ADDRESS	3936 Tamiami Trail North, Suite B
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Chris Wohlbrandt
STREET ADDRESS		6.3 STREET ADDRESS	39367 Tamiami Trail North, Suite B
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 34103

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99

Date

(941) 262-2211

Daytime Phone #

CR2E034 (1/98)