FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034068 (2)

BUSINESS EXCHANGE INTERNATIONAL, INC.

FILED Apr 08 1997 8:00am Secretary of State



				04/16/1996	Date of Last Report
2. Pencipal l	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-3372613	Not Applicable
Suite, Apt	[#, 6lc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Ζφ	Country	8. This corporation has liability for intangib	
24	25	29	30	Florida Statutes X Yes	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
400	elton, steve O gulf breeze parkway st Ulf breeze fl 32561	re 303	82 Street 83 84 City	Address (P.D. BOX RUMBENS NOTAL CEPTABLE) 400 GULF BREEZE PARK	- 85 Zio Code
agoni	This familiar with, and accept the to	obligations or, Section 607.0505	, Florida Statutes.	poration's board of directors. I hereby accept the a	
SIGNATURE		ed agent and title if applicable JOHN			
12.	The second secon	S AND DIRECTORS XX DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
THILE	D HELTON, STEVE	XX1 Decem	1.1 TITLE	PRESIDENT & DIRECTOR	K1 Change IK1 Addition
NAME	AND ALUE BREETE BARIOS	HAV CTE 202	1.2 NAME	JOHN NOLAN WHITE	
STREET ADDRESS	GULF BREEZE FL 32561	IAT OIL 303	1.3 STREET ADDRESS	400 GULF BREEZE PARKW	AY STE 303
6/17 - \$1 - 7/P Title	B	XX] DELETE	1.4 CITY - ST - Z₩ 2.1 TITLE	GULF BREEZE, FLORIDA	3256 anue Addition
NAME	HELTON, SUDIE H	XX. Detert	2.2 NAME		
STREET ADDRESS	THE OWNER PROPERTY BANKS	VAV STE 303	2.3 STREET ADDRESS		
	GULF BREEZE FL 32561	IVI AIP MA	2.4 CITY-ST-ZIP		
CITY-S1-ZIP TITE	GOLI DILEZE LE 02001	DELETE	3.1 DTLE		Change Addition
NAME			3.2 NAME		The state of the s
			3.3 STREET ADDRESS	·	
STREET ADDRESS:					
CITY-SE-ZIP TILE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		man according to the second
			_ ·		
STREET ADDRESS:	:		4.3 STREET ADDRESS		
CHY-ST-76" THEE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			52 NAME		em annula Em recounts
	e \		5.3 STREET ADDRESS		
STREET ADORESS					
CHY-SI-ZE		DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
1.11.7	1	L_I DELETE	O I HILL		Fill Cusuido Fill variation
			C D LIASSE		1. 4
NAVI:			6 2 NAME		
	j.		6 2 NAME 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP		

1. For natery certify that me information supplied with this inting does not quantify the exemption stated in Section 1997(5), Profide Statutes. Further certify that the information indicator on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

PLANT THE BENEFIT OF SIGNING OFFICER OR DIRECTOR

april 1,1997 904-916-0901