PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

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4. Compretion Name		

1. Corporation	NIEN 1 # P980001 S EXCHANGE, INC.	101323					
Principal Place	e of Business	Mailing Address		(19811591 118 18161 19111 88111 88111 88111 18111 18111 18111 18111 18111 18111 18111 18111 18111 18111 18111			
6397 CONROY ROAD #1602 6397 CONROY ROAD #1602 ORLANDO FL 32835 ORLANDO FL 32835			DO NOT WRITE IN THE	S SPACE			
				3. Date incorporated or Qualifed 12/04/1998			
2. Principal Pl	lace of Business	2a. Mailing Address	- 141600	4. FEI Number	J	tied For	
21 01	ouza izc	26 4397 CON 1	oy RZ HILO	59-35458.54		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Į	5. Certifcate of Status Desired	\$8.75 AG		
22 1602		27				·	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	_ \$5.00 to		
	ON TO TEL	Zip	Country	8. This corporation owes the current year in			
Zip 24 3VB 3	Country S 25 01A19-c	29 3	-	Personal Property Tax.		ZNo	
24 3763	9. Name and Address of Current		-	10. Name and Address of New Registered	f Agent		
	S. MERITO DITO PROGRAM S. SELVER		81 Name				
CORF	PORATION SERVICE COMPANY		OD Charat Add	fress (P.O. Box Number is Not Acceptable)			
1201	HAYS STREET		82 Street Add	MARS (P.O. BOX NUMBER IS NOT ACCEPTED TO			
TALL.	AHASSEE FL 32301-2525		83				
			1		85 Zip C	nde	
			84 City	F!			
44 Bureuppt	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above named con	poration submits this statement for the purpose of	of changing its r	egistered	
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State or im familiar with, and accept the obligati Signature, typed or provided name of registered agent.	ions of, Section 607,0505, Florid	NUMBER DY UNG CONDUNAL				8
office or re agent. I as	registered agent, or both, in the State of im familiar with, and accept the obligati	on Flonds. Such change was autions of Section 607.0505, Floric and the If applicable. (NOTE R	ia Statutes.	ions board of directors. Thereby except the app.	ND DIRECTOR	RS IN 12	1/98)
office or ragent. I as SIGNATURE 12.	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of registered agent of FRICERS AND	on Florida. Such change was autions of, Section 607,0505, Florid and the if applicable. (NOTE: R	a Statutes.	ed when reinstang) OATE			1 (11/98)
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64 CITY-ST-ZIP CITY-ST-ZIP 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 concertion 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 an anattachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF BIGHING OFFICER OR DIRECTOR