FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 ... -1 ... 4:07
... TALLAHASSEE, FLORIDA

DOCUMENT # **S04560** **(6)**

1. Corporation Name

PROPERTY EXCHANGE NETWORK, INC.

Principal Place of Business	Mailing Address
104498 S. TAMIAMI TRAIL SUITE 101 FT MYERS FL 33912 US	P.O. BOX 07430 SUITE 101 FT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0222211 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes [ ] Yes [x] No

2. Principal Place of Business 21 14498 S. Tamiami Trail	2a. Mailing Address 26 PO BOX 07430
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Myers FL	City & State 28 Fort Myers FL
Zip 24 33912 / County 25 LEE	Zip 29 33919 / Country 30 LEE

9. Name and Address of Current Registered Agent

LEVY, BRIAN
1508 SE 17TH AVE.
STE 100
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name: Peter D. Doragh VicePres./Gen.Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 14498 S. Tamiami Trail
83
84 City: Fort Myers FL 85 Zip Code: 33912

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MOLDOVSKY, NATHAN 14498 S. TAMIAMI TRAIL FT MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[x] Change [ ] Addition President/Director Nathan Moldovsky 14498 S. Tamiami Trail Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [x] Addition Vice Pres./Gen Counsel/Director Peter Doragh 14498 S. Tamiami Trail Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [x] Addition Sec./Treasurer/Director Hal Burke 14498 S. Tamiami Trail Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

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.

SIGNATURE: [signature] PRESIDENT 4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Nathan Moldovsky PRES

Date: 4/26/95 Daytime Phone #: 813-481-1800

0323080 CP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 MAY ... 13:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S04968** (1)

1. Corporation Name
D. E. MUNSON, INC.

Principal Place of Business
~~10315~~ JOANIES RUN
LEESBURG FL 34788
US

Mailing Address
~~10315~~ JOANIES RUN
LEESBURG FL 34788
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1990**
3a. Date of Last Report: **06/22/1994**
4. FEI Number: **59-3031238** — Applied For / Not Applicable

2. Principal Place of Business
21 10300 JOANIES RUN
22 Suite, Apt. # etc.
23 City & State: LEESBURG FL
24 Zip: 34788
25 Country

2a. Mailing Address
26 10300 JOANIES RUN
27 Suite, Apt. # etc.
28 City & State: LEESBURG FL
29 Zip: 34788
30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYER, KENNETH D
~~10315~~ JOANIES RUN
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10300 JOANIES RUN
83
84 City — FL
85 Zip Code

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 ______ Date ______

12. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	BOYER, KENNETH D
STREET ADDRESS	10315 JOANIES RUN
CITY-ST-ZIP	LEESBURG FL
TITLE	VT
NAME	BOYER, DIANA K
STREET ADDRESS	10315 JOANIES RUN
CITY-ST-ZIP	LEESBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kenneth D Boyer KENNETH D. BOYER 5/1/95 904 343-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378167 CP