

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # S04560 (6)

1. Corporation Name

PROPERTY EXCHANGE NETWORK, INC.



Principal Place of Business

14498 S. TAMiami TRAIL
FT. MYERS FL 33912
US

Mailing Address

P.O. BOX 07430
FT. MYERS FL 33919
US

3. Date Incorporated or Qualified
10/02/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORAGH, PETER D.
14498 S. TAMiami TRAIL
FT. MYERS FL 33912

81 Name
INVESTORS CAPITAL CORPORATION

82 Street Address (P.O. Box Number is Not Acceptable)
14498 S. TAMiami TRAIL

83

84 City
FT. MYERS

FL

85 Zip Code
33912

11. Pursuant to the provisions of Sections 607.0506 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.

NATHAN MOLDOVSKY Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE
NAME MOLDOVSKY, NATHAN
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT MYERS FL

TITLE VPGD ☒ DELETE
NAME DORAGH, PETER
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL

TITLE STD ☒ DELETE
NAME BURKE, HAL
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVSTD ☒ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change: ☐ Addition

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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; that I am 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. I am attaching with an address.

SIGNATURE: ✓

NATHAN MOLDOVSKY Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-481-1800
Daytime Phone #

CR2E034 (12/95)