


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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 67430 FT. MYERS FL 33912-0411 US
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2. Principal Place of Business 21 1520 Royal Palm Square Blvd.		2a. Mailing Address 26 1520 Royal Palm Square Blvd.		3. Date Incorporated or Qualified 10/02/1990	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22 Suite 250		Suite, Apt. #, etc. 27 Suite 250		4. FEI Number 65-0222211	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Ft. Myers FL		City & State 28 Ft. Myers FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33919		Zip 29 33919		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INVESTORS CAPITAL CORPORATION 14498 S. TAMiami TRAIL FT. MYERS FL 33912				10. Name and Address of New Registered Agent	
				81 Name NATHAN MOLDOVSKY	
				82 Street Address (P.O. Box Number is Not Acceptable) 1520 Royal Palm Square Blvd.	Suite 250
				83	
				84 City Ft. Myers	FL
				85 Zip Code 33919	

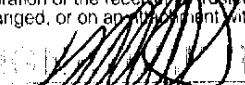
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) **1/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVST	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOLDOVSKY, NATHAN		1.2 NAME	
STREET ADDRESS 14498 S. TAMiami TRAIL		1.3 STREET ADDRESS 1520 Royal Palm Square Blvd.	Suite 250
CITY-ST-ZIP FT MYERS FL 33919		1.4 CITY-ST-ZIP 33919	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

 **NATHAN MOLDOVSKY**
PRESIDENT

1/7/97

941-277-1985

Date

Daytime Phone #

CR2E034 (9/96)