

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S04560** (6)
1. Corporation Name
PROPERTY EXCHANGE NETWORK, INC.



Principal Place of Business 1520 ROYAL PALM SQUARE BLVD. SUITE 250 FT. MYERS FL 33919 US	Mailing Address 1520 ROYAL PALM SQUARE BLVD. SUITE 250 FT. MYERS FL 33919 US
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DO NOT WRITE IN THIS SPACE

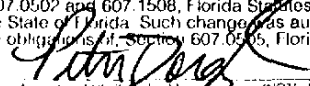
2. Principal Place of Business 21 8660 College Parkway Suite, Apt. #, etc. 22 Suite 60 City & State 23 Ft MYERS FL Zip 24 33919 Country 25 USA	2a. Mailing Address 26 8660 College Parkway Suite, Apt. #, etc. 27 Suite 60 City & State 28 Ft MYERS FL Zip 29 33919 Country 30 USA
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3. Date Incorporated or Qualified 10/02/1990	4. FEI Number 65-0222211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent NATHAN MOLDOVSKY 1520 ROYAL PALM SQUARE BLVD. SUITE 250 FT. MYERS FL 33919	
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10. Name and Address of New Registered Agent 81 Name PETER D. DORAGH 82 Street Address (P.O. Box Number is Not Acceptable) 12071 Wedge Drive 83 84 City Ft MYERS FL 85 Zip Code 33913	
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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.

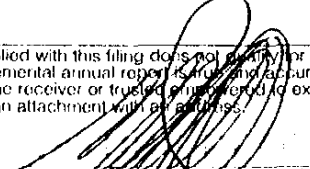
SIGNATURE  DATE **1/23/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MOLODOVSKY, NATHAN
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., SUITE 250
CITY - ST - ZIP	FT MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PST D
1.3 STREET ADDRESS	NATHAN MOLDOVSKY
1.4 CITY - ST - ZIP	12806 Yacht Club Circle PO BOX 07166
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID CASTERIOTO
2.3 STREET ADDRESS	5730 Winkler Road
2.4 CITY - ST - ZIP	Ft MYERS, FL 33919
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 corporation or the receiver or trustee appointed 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:  DATE **1/19/98** (941) 481 6384

CR2E034 (10/97)