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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(8)

EXCHANGE BY DESIGN, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
815 E 6TH AVE TALLAHASSEE FL 32303 815 E 6TH AVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 10/15/1991
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 2		26			59-3090422 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29 3	10		Personal Property Tax due June 30. X Yes No
					10. Name and Address of New Registered Agent
PIERCE, CARYL G				Name	
	5 E 6TH AVE LLAHASSEE FL 32303		62	Street A	ddress (P.O. Box Number is Not Acceptable)
			63		
			64	City	85 Zip Code
				_	FL
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	Signature, typed or printed name of registe	ered agent and title if applicable. (NOTE: I		ent signature r	equired when reinstating) DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
THTLE	PST CARVI O	☐ DELETE	1.1 TITLE		Citalige Citation
NAME	PIERCE, CARYL G 815 E 6TH AVE		1.2 NAME		
STREET ADDRESS	TALLAHASSEE FL			T ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, CARYL G.		2.2 NAME		
STREET ADDRESS	815 E 6TH AVE		I	T ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-		
TITLE	 	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	REET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP	Tay Tay
TITLE	_		4.1 TITLE		LI Change LI Addition
NAME	•		4. 2 NAME		
STREET ADDRESS	■			I ADDRESS	
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TITLE			5.1 HILE 5.2 NAME		Notiful
NAME CTREET ADDRESS				T ADDRESS	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			6.1 TITLE	JI - EN	☐ Change ☐ Addition
NAME	-		6.2 NAME		
STREET ADDRESS				TADDRESS	
1	CITY-SI-ZIP		6.4 CITY-	ST-ZIP	
	with at a the interpretary across	the durith this filing close not qualify for			in Section 119 07(3\f)). Florida Statutes, I further certify that the information

Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statues. 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.

2/12/98