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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S96298 (2)
1. Corporation Name
INVESTORS FINANCIAL SERVICES, INC.



Principal Place of Business
14498 S. TAMiami TRAIL
FT. MYERS FL 33912
US

Mailing Address
P.O. BOX 07430
FT. MYERS FL 33919-0411
US

3. Date Incorporated or Qualified 11/22/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1520 Royal Palm Square Blvd
Suite, Apt. #, etc.
22 Suite 250
City & State
23 Ft. Myers FL
Zip
24 33919
Country
25 USA

2a. Mailing Address
26 1520 Royal Palm Square Blvd
Suite, Apt. #, etc.
27 Suite 250
City & State
28 Ft. Myers FL
Zip
29 33919
Country
30 USA

4. FEI Number 65-0304136
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
PROPERTY EXCHANGE NETWORK INC.
14498 S. TAMiami TRAIL
FT. MYERS FL 33912

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1520 Royal Palm Square Blvd - Suite 250
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 and agree to the change as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Property Exchange Network Inc N. MOLDOVSKY, PRES
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE VSD
NAME MOLDOVSKY, NATHAN
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL
TITLE PTD
NAME BURKE, HARALD
STREET ADDRESS 14498 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL
TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1520 Royal Palm Square Blvd - Suite 250
1.4 CITY-ST-ZIP Ft Myers FL 33919
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1520 Royal Palm Square Blvd - Suite 250
2.4 CITY-ST-ZIP Ft Myers FL 33919
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 alternate name and address.

SIGNATURE: [Signature] 4/18/97 (94) 277 1985

CR2E034 (9/96)