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

PROFIT **CORPORATION** ANNUAL REPORT 1999 EXCHANGE, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V47915

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90005 024 \*\*\*150.00



## DO NOT WRITE IN THIS SPACE    See RECENSY COURT   BOCA RATON FL 33454				•		
BOCA RATON FL 33434    DO NOT WRITE IN THIS SPACE	Principal Plac	ce of Business	Mailing Address		1 1801 01101 01011 48010 (0181 1180) 0111	BLASS BERST BYBIT WERST BYBIT WEREL IN DI
2. Principal Place of Business   2a. Mailing Address   2b. Mailing Address   2c. Mailing	4885 REGENC	Y COURT	4885 REGENCY COURT			
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. A fell Number 2. Sulfe, Apt. #, etc. 3. Sulfe, Apt. #	BOCA RATON	FL 33434	BOCA RATON FL 33434		. DO NOT WRITE IN	THE CDACE
Principal Place of Business   2a Mailing Address   4. FET Number   Applied For   55.0347009   Total Applied For   55.0347009   Tot						THIS SPACE
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Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sol. Certificate of Status Desired   Status Desired   Securities   Feet Required   Fe	<b>└</b>	Place of Business	2a. Mailing Address		1	Applied For
City & State  State Controllution  State City City City City City  City & State  City	21				65-0347009	Not Applicable
City & State*	Suite, Apt.	. #, etc.	<b>⊢</b> '''		5. Certificate of Status Desired	•
Zp	City & Sta	ite	City & State		6: Election Campaign Financing	\$5.00 May Re
25   29   30   Personal Property Tax	23	-11-11-1	28			
SCHUSTER DE ESCOBAR, DIANA 4885 RECENCY COURT BOCA RATON FL 33434  181 Name 182 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutues, the above-named corporation submits this statement for the purpose of changing its registered agent. I and addition and addition of the state of Florida. Such change lyas prefix plant and addition and addition state of Florida. Such change lyas prefix plant and addition and addition state of Florida. Such change lyas prefix plant and addition and addition state of Florida. Such change lyas plant blant statement for the purpose of changing its registered agent. I and addition agent. I and addition addition state of the state of Florida. Such change lyas plant blant statement for the purpose of changing its registered agent signature regund when reinstating).  DETERMINE Suppose the purpose and addition state of the state of Florida. Statutus. PMC Registered Agent signature regund when reinstating).  DETERMINE Suppose the purpose and addition state of the purpose of change addition state of the purpose of the purpose of change addition state of the purpose of the purpo	Zip	— '	Zip		8. This corporation owes the current ye	ar Intangible
SCHUSTER DE ESCOBAR, DIANA 4885 REGENCY COURT BOCA RATON FL 33434  81  82 Street Address (P.O. Box Number is Not Acceptable) 83   84 City   FL   85 Zip Code 84 City   FL   85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88	24			30	Personal Property Tax.	☐ Yes ☐ No
SCHUSTER DE ESCOBAR, DIANA  4885 REGENCY COURT BOCA RATON FL 33434  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 ZP Code  44 City  FL 85 ZP Code  45 City  FL 85 ZP Code  46 City  FL 85 ZP Code  46 City  FL 85 ZP Code  46 City  FL 85 ZP Code  47 City  FL 85 ZP Code  48 City  FL 86 ZP Co		9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Regist	ered Agent
### ARSS REGENCY COURT BOCA RATON FL 33434  ### City	SC.F			81 Name		
BOCA RATON FL 33434  B3  B4 City FL B5 Zip Code  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 agent, 1 and spate tipe of principal series of sprincipal series of sprincip			IX .	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
### City   FL   85   Zip Code   ### City   FL   85   Zip Code					5 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	e suit clear o light forget was easy
### City ###		,		83		
11. Pursuant to the provisions of Septions 607 (502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or refisivred 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 faylillar with, and stept the oblightenes of, Section (7,056, Florida Statutes).  SIGNATURE    Stynative, types or printed name of registered agent and rittle if application. (NOTE Registered Agent signature required when remeatating).   DATE				84 City	<del> </del>	85 Zip Code
Signature Signature Signature required when reinstance of registered alger and tile if Explication. (NOTE: Registered Agent signature required when reinstance):  12. OFFICERS AND DIRECTORS  TITLE  D						<b>□□</b>
Signature Signature Signature required when reinstance of registered alger and tile if Explication. (NOTE: Registered Agent signature required when reinstance):  12. OFFICERS AND DIRECTORS  TITLE  D	11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508. Florida Statute	es, the above-named con	poration submits this statement for the numo	se of changing its registered
Signature, yyear or primited ratine of registered depicts and other analysis in Expiricable.   (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the Si	.0502 and 607.1508, Florida Statut tate of Florida, Such change was a	es, the above-named con uthorized by the corporat	poration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
12.			.0502 and 607.1508, Florida Statuti tate of Florida. Such change was a oligations of, Section 607.0506, Florida	es, the above-named con uthorized by the corporat rida Statutes.	poration submits this statement for the purpoion's board of directors. I hereby accept the	se of changing its registered appointment as registered
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STREET ADDRESS   CITY-ST-ZIP   BOCA RATON FL 33434	SIGNATURE	Signature, typed or printed name of registered	d agent and title it applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DA	TE .
STREET ADDRESS   CITY-ST-ZIP   BOCA RATON FL 33434	SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE S AND DIRECTORS	: Registered Agent signature requirements	red when reinstating) DA	TE_ IS AND DIRECTORS IN 12
CITY_ST_ZIP   BOCA RATON FL 33434	SIGNATURE  12. TITLE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOTE S AND DIRECTORS	13.	red when reinstating) DA	TE_ IS AND DIRECTORS IN 12
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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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP . .