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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

V55856

(1)

Mailino Address

INT'L BANKERS AND EXCHANGERS - A RECIPROCAL TRADE CO.

3111-21 MAHN DR. #118 2991 ARENDELL WAY TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3a. Date of Last Report 3. Date Incorporated or Qualified 08/06/1992 05/01/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 59-3138064 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio $Z_{\rm IP}$ Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAEHN, DEBORAH T Street Address (P.O. Box Number is Not Acceptable) 82 2991 ARENDELL WAY 83 TALLAHASSEE FL 32308 City 84 85 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 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) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE CR2E034 12 NAME RAEHN, DEBORAH T NAME 2991 ARENDELL WAY 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 1.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 2.1 TITLE TILLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - S1 - 7IP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4 1 TITLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIE 14. Job hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.