

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90161 033 ***150.00

0376971

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000004839

1. Corporation Name
EXCEL TRADE GROUP, INC.



Principal Place of Business 1527 N DALE MABRY 104 LUTZ FL 33549 US	Mailing Address 1527 N DALE MABRY 104 LUTZ FL 33549 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1997

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 68-0363223	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

COHN, ROY W
3321 HENDERSON BLVD
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEIGLER, RICH	1.2 NAME	Joe Siemer
STREET ADDRESS	555 FURNACE HILLS PIKE	1.3 STREET ADDRESS	515 W. Main St
CITY-ST-ZIP	LITZ PA	1.4 CITY-ST-ZIP	Teutopolis IL 62467
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	2 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMES, MIKE	2.2 NAME	Craig Brummell
STREET ADDRESS	3000 AUBURN COURT	2.3 STREET ADDRESS	Box 10
CITY-ST-ZIP	AUBURN HILLS MI	2.4 CITY-ST-ZIP	Essex Ontario N8M 2Y1.
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTOLINI, LARRY	3.2 NAME	Don Scott
STREET ADDRESS	21 WEST 7TH ST.	3.3 STREET ADDRESS	1700 School Bridge Rd
CITY-ST-ZIP	SANTA ROSA CA	3.4 CITY-ST-ZIP	Rolla MO 65401
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWTON, STAN	4.2 NAME	ANN Hudson
STREET ADDRESS	5600 MEXICO RD., STE 2	4.3 STREET ADDRESS	5600 Mexico Rd Suite 2
CITY-ST-ZIP	ST PETERS MO	4.4 CITY-ST-ZIP	St Peters MO 63376
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Wayne Fischer
STREET ADDRESS		5.3 STREET ADDRESS	PO Box 4347
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naperville IL 60547
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEIGLER, RICH	1.2 NAME	Joe Siemer
STREET ADDRESS	555 FURNACE HILLS PIKE	1.3 STREET ADDRESS	515 W. Main St
CITY-ST-ZIP	LITZ PA	1.4 CITY-ST-ZIP	Teutopolis IL 62467
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	2 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMES, MIKE	2.2 NAME	Craig Brummell
STREET ADDRESS	3000 AUBURN COURT	2.3 STREET ADDRESS	Box 10
CITY-ST-ZIP	AUBURN HILLS MI	2.4 CITY-ST-ZIP	Essex Ontario N8M 2Y1.
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTOLINI, LARRY	3.2 NAME	Don Scott
STREET ADDRESS	21 WEST 7TH ST.	3.3 STREET ADDRESS	1700 School Bridge Rd
CITY-ST-ZIP	SANTA ROSA CA	3.4 CITY-ST-ZIP	Rolla MO 65401
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWTON, STAN	4.2 NAME	ANN Hudson
STREET ADDRESS	5600 MEXICO RD., STE 2	4.3 STREET ADDRESS	5600 Mexico Rd Suite 2
CITY-ST-ZIP	ST PETERS MO	4.4 CITY-ST-ZIP	St Peters MO 63376
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Wayne Fischer
STREET ADDRESS		5.3 STREET ADDRESS	PO Box 4347
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naperville IL 60547
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: _____ Date: **4-14-99** Daytime Phone #: **8139486604**

CR2094 (11/98)