


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

**FILED**  
**Feb 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L78143 (9)  
 1. Corporation Name  
**FLORIDA EXCELL, INC.**

Principal Place of Business <b>P.O. BOX 161736 MIAMI FL 33176-1736</b>	Mailing Address <b>P.O. BOX 161736 MIAMI FL 33176-1736</b>
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2. Principal Place of Business 21. <b>133 MERIDIAN HILLS RD.</b> State, Apt. #, etc.	2a. Mailing Address 26. <b>P.O. BOX 797</b> Suite, Apt. #, etc.
22. <b>TALLAHASSEE FL</b> City & State	27. <b>HAVANA FL</b> City & State
24. <b>32312</b> 25. Zip Country	29. <b>32333</b> 30. Zip Country

3. Date Incorporated or Qualified <b>06/06/90</b>	3a. Date of Last Report <b>04/1996</b>
4. FEI Number <b>65-0202744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FIRE, CHARLES C.  
 10321 S.W. 99th AVENUE  
 MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City <b>FL</b> 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

TITLE <b>PD</b>	NAME <b>FIRE, HELMA M. PH.D</b>	STREET ADDRESS <b>10321 S.W. 99th AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> DELETE
TITLE <b>VTD</b>	NAME <b>FIRE, CHARLES C.</b>	STREET ADDRESS <b>10321 S.W. 99th AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	1.2 NAME <b>FIRE, HELMA M. PH.D</b>	1.3 STREET ADDRESS <b>133 MERIDIAN HILLS RD.</b>	1.4 CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>VTD</b>	2.2 NAME <b>FIRE, CHARLES C.</b>	2.3 STREET ADDRESS <b>133 MERIDIAN HILLS RD.</b>	2.4 CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: *Charles C. Fire* **CHARLES C. FIRE**  
 Date: **2-19-97** (904) 906-0377  
 Daytime Phone #

CR2E034 (9/96)

VB 2-20