

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

Amended

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 DEC 29 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000058972
1. Corporation Name Excel Team Realty, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 21 <u>1847 SE Pt St. Lucie Blvd</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>Same.</u> Suite, Apt. #, etc.	4. FEI Number <u>65-0430976</u> Applied For Not Applicable
23 <u>Port St. Lucie, FL</u> City & State	27 <u>Port St. Lucie</u> City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 <u>34952</u> Zip Country <u>USA</u>	29 <u>34952</u> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.052 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

I. S. Qubain
1847 SE PSL Blvd
PSL FL 34952

81 Name Bruce van Voorhis
82 Street Address (P.O. Box Number is Not Acceptable)
1847 SE Port St Lucie Blvd
83 ---
84 City Port St Lucie FL 85 Zip Code 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 Bruce van Voorhis DATE 12/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>I. S. Qubain P.T.S.D</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<u>President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>I. S. Qubain</u>	1.2 NAME	<u>Bruce van Voorhis</u>
STREET ADDRESS	<u>3333 LaPrado Ct</u>	1.3 STREET ADDRESS	<u>3541 SW Voyager St</u>
CITY-ST-ZIP	<u>Port St. Lucie FL 34952</u>	1.4 CITY-ST-ZIP	<u>Port St Lucie FL 34952</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<u>V. Pres + Sec + Treasurer</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>David L Coppock</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>1324 Bellvue</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>Port St. Lucie FL 34952</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<u>700002387287-5</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>-12/31/97-01055-002</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<u>****70.00</u> <input type="checkbox"/> <u>****70.00</u>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. 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: [Signature] DATE: 12/23/97 561 337 4422

CR2E034 (9/96)