

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 **1847 SE Pt St. Lucie Blvd**

2a. Mailing Address

26 **Same.**

4. FEI Number

65-0430976

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

23 **Port St. Lucie, FL**

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24 **34952**

Country

25 **USA**

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **I. S. Qubain P.T.S.D** ☒ DELETE
NAME
STREET ADDRESS **3333 LaPrado Ct**
CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Add

1.2 NAME **Bruce van Voorhis**

1.3 STREET ADDRESS **3541 SW Voyager St**

1.4 CITY-ST-ZIP **Port St Lucie FL 34952**

2.1 TITLE **V. Pres + Sec + Treasurer** ☐ Change ☒ Add

2.2 NAME **David L Coppock**

2.3 STREET ADDRESS **1324 Bellvue**

2.4 CITY-ST-ZIP **Port St. Lucie FL 34952**

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/97

DATE

561 337 4422

TELEPHONE NUMBER

CR2E034 (9/96)