

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000058972 (9)**

1. Corporation Name

EXCEL TEAM REALTY, INC.



Principal Place of Business

**1847 SE PT. ST. LUCIE BLVD
PT. ST. LUCIE FL 34952
US**

Mailing Address

**1847 SE PT. ST. LUCIE BLVD
PT. ST. LUCIE FL 34952
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

4. FEI Number

65-0430976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**QUIBAIN, IMAD S
1847 SE PT. ST. LUCIE BLVD
PT. ST. LUCIE 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 607.1508, 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 **Bruce van Voorhis**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

TITLE **PTS** ☒ DELETE
NAME **QUIBAIN, IMAD S**
STREET ADDRESS **1847 SE PORT ST LUCIE BLVD**
CITY - ST - ZIP **PORT ST LUCIE FL**

TITLE **V** ☐ DELETE
NAME **COPPOCK, DAVID L.**
STREET ADDRESS **1847 SE PORT ST LUCIE BLVD**
CITY - ST - ZIP **PORT ST LUCIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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 **Bruce van Voorhis** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **1847 SE Port St Lucie Blvd**
1.4 CITY - ST - ZIP **Port St. Lucie FL 34952**

2.1 TITLE **VP/S** ☒ Change ☐ Addition
2.2 NAME **Coppock, David L.**
2.3 STREET ADDRESS **1847 SE Port St Lucie Blvd.**
2.4 CITY - ST - ZIP **Port St Lucie FL 34952**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition
3.2 NAME **Rhoda Javier**
3.3 STREET ADDRESS **2202 SE Carnation**
3.4 CITY - ST - ZIP **Port St. Lucie FL 34952**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE **Bruce van Voorhis**

4/14/98

561 337 4422

CR2E034 (10/97)