May 10, 1999 8:00 am Secretary of State

05-10-1999 90031 019 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400004515

1. Corporation Name

EXCEL HUMAN RESOURCES, INC.

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Principal Place of Business Mailing Address						Ì						
2120 N DIXIE HWY 2120 N DIXIE HWY												
BOCA RATON	FL 33431	BOCA RATON FL 3343° US	BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE					
US		US				3. Da	te Incorporated or Qualifed					
						0,	1/10/1994					
2 Principal P	lace of Business	2a, Mailing Address		_			l Number			Applied For		
21		26				65	5-0460220		_	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.75	Additional		
27						5. Ce	5. Certificate of Status Desired			Fee Required		
City & State City & State							6. Election Campaign Financing			\$5.00 May Be		
23		28	28			Tn	Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	intry		8. Th	is corporation owes the cur	rent year Inta				
24	25	29	30			Pe	rsonat Property Tax.		Yes	□No		
	9. Name and Address of Cui	rrent Registered Agent				10. Na	eme and Address of New	Registered .	Agent			
				81	Name							
	IZMAN, MICHAEL			82	Street	Address (P.O.	Box Number is Not Accept	able)				
2120 N DIXIE HWY				\\	27 Street Address (1.0. Box Halling) to Not Acceptable)							
BOC	CA RATON FL 33431			83								
				0.4	City		-		85 Zi	p Code		
				84	City			FL		p Code		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	1 Ager	nt signature r		DITIONS/CHANGES TO O	DATE FFICERS AN	D DIREC	TORS IN 12		
TITLE	P		1.1 Π	1.1 TITLE		P/T/2)	 .	Chang	e		
NAME	SPEIZMAN, MICHAEL A		1.2 N	AME		SPE !	ZMAN, MIC	HAEL	A			
STREET ADDRESS	2120 N DIXIE HWY		1.3 \$	TREE	ADDRESS	2120	N DIXIE !	7WY				
CITY-ST-ZIP	BOCA RATON FL 33431	_	1.4 C	ITY-S	T-ZIP	BOCA	RATON F	L 334				
TITLE		☐ DELETE	2.1 TI	TLE					Chang	je 🗌 Addition		
NAME			2.2 N	AME	i							
STREET ADDRESS	-	سريسي ب بي سيدر ي	235	TREE	ADDRESS							
CITY-ST-ZIP	ļ	_	2.40	CITY- S	ST-ZIP					···		
TITLE		☐ DELETE	3.1 T	TLE.					Chang	je 🔲 Additior		
NAME	1		3.2 N	AME								
STREET ADDRESS			3.3 S	TREE	ADORESS							
CITY-ST-ZIP			3.4.0	ITY-9	T-ZIP							
TITLE		☐ DELETE	4.1 T	ITLE					Chang	ge 🗌 Addition		
NAME			4 2 1	IAME								
STREET ADDRESS	s		4.3 S	TREE	T ADDRESS							
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·					
TITLE		☐ DELETE							☐ Chang	ge 🗌 Addition		
NAME			5.2 N	AME								
STREET ADDRESS			5.3 S	TREE	T ADDRESS							
CITY-ST-ZIP	_			ITY-S	T-ZIP							
T(T) E		☐ DELETE	6.1 T	MLE					[] Chang	e 🗀 Addition		

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 express, with all other like empowered.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

161-368-2922