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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000024949 (7) DOCUMENT #

EXCEL CONSULTING AND MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address 8400 N UNIVERSITY DR 8400 N UNIVERSITY DR SUITE 109 SUITE 109 TAMARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0480787 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHREIBER, BRUCE L 8400 N UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE SCHREIBER, BRUCE 1.2 NAME 8400 N UNIVERSITY DR STREET ADDRESS 1.3 STREET ADORESS TAMARAC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 21 TITLE Addition SCHREIBER, SHERRI NAME 22 NAME 8400 N UNIVERSITY DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DE1 ETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City -ST-ZiP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supplied wit indicated on this annual report or suppliemental officer or director of the opporation of the rece Block 12 or Block 13 it changes for on an attact.

Bruse Schreiber 4/24/98 954-222-8400

d does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ties enjoyened to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 15 1998 8:00am

Secretary of State