

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

**FILED**

**May 13 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P95000063863 (1)**

1. Corporation Name  
**EXCEL BENEFITS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3700 AIRPORT ROAD  
SUITE 200  
BOCA RATON FL 33431**

Mailing Address  
**3700 AIRPORT ROAD  
SUITE 200  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified  
**08/17/1995**

2. Principal Place of Business  
21 **2120 N. Dixie Highway**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2120 N. Dixie Highway**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0602001**

22 City & State  
**Boca Raton FL**

27 City & State  
**Boca Raton FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip **33431** Country **US**

28 Zip **33431** Country **U.S**

6. Election Campaign Financing Trust Fund Contribution  **\$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

9. Name and Address of Current Registered Agent  
**FINKELSTEIN, ABRAM  
3700 AIRPORT ROAD  
SUITE 200  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name **Speizman, Michael A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2120 N. Dixie Highway**  
83  
84 City **Boca Raton** FL 85 Zip Code **33431**

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 **Michael Speizman / President** DATE **4/29/98**

12. OFFICERS AND DIRECTORS		
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEIZMAN, MICHAEL</b>	
STREET ADDRESS	<b>3700 AIRPORT ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FINRELSSTEIN, ABRAM</b>	
STREET ADDRESS	<b>3700 AIRPORT ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Speizman, Michael</b>	
1.3 STREET ADDRESS	<b>2120 N. Dixie Highway</b>	
1.4 CITY-ST-ZIP	<b>Boca Raton FL 33431</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **4/29/98** (561) 368-2922

CR2E034 (10/97)