

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000094153 (0)

1. Corporation Name:
EXCEL ADVERTISING AND MARKETING, INC.



Principal Place of Business: **30777 US 19 N PALM HARBOR FL 34684**
Mailing Address: **30777 US 19 N PALM HARBOR FL 34684**

3. Date Incorporated or Qualified: **12/11/1995**
3a. Date of Last Report:
4. FEI Number: **59-3351985**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business:
21 **30777 US 19 NORTH**
Suite, Apt. #, etc.
22
City & State: **PALM HARBOR, FL**
23
Zip: **34684** Country: **USA**
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9. Name and Address of Current Registered Agent

**SHEAREY, CLOVER
30777 US 19 N
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 in block of registered agent in this filing

Printed Name of Corporation from Telephone Listing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PS	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHEAREY, CLOVER		2. NAME:
STREET ADDRESS: 30777 US 19 N		3. STREET ADDRESS:
CITY - ST - ZIP: PALM HARBOR FL 34684		4. CITY - ST - ZIP:
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:
STREET ADDRESS:		7. STREET ADDRESS:
CITY - ST - ZIP:		8. CITY - ST - ZIP:
TITLE:	<input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:
STREET ADDRESS:		11. STREET ADDRESS:
CITY - ST - ZIP:		12. CITY - ST - ZIP:
TITLE:	<input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:
STREET ADDRESS:		15. STREET ADDRESS:
CITY - ST - ZIP:		16. CITY - ST - ZIP:
TITLE:	<input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:
STREET ADDRESS:		19. STREET ADDRESS:
CITY - ST - ZIP:		20. CITY - ST - ZIP:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clover M. Shearey
CLOVER M. SHEAREY 5-10-96 (813) 781-8150

CR2E034 (12/95)