

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 JUN -5 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023455 (4)  
1. Corporation Name, Excelis, Inc.

Principal Place of Business: 8435 Stemmons Freeway, Dallas, TX 75247  
Mailing Address: 150 2nd Avenue North, Suite 1600, St. Petersburg, FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	8435 Stemmons Freeway	26	150 2nd Ave. North	3/14/96	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 1600	59-3371395	
City & State		City & State		Applied For	
23	Dallas, TX	28	St. Petersburg, FL	Not Applicable	
24	75247	29	33701	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	U.S.A.	30	U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CSC 1201 Hays St. Tallahassee, FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Kennedy, Parker S.			1.2 NAME			
STREET ADDRESS	114 East Fifth Street			1.3 STREET ADDRESS			
CITY-ST-ZIP	Santa Ana, CA 92701			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Long, John W.			2.2 NAME			
STREET ADDRESS	150 2nd Avenue North, Ste 1600			2.3 STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg, FL 33701			2.4 CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Zinda, Craig J.			3.2 NAME			
STREET ADDRESS	150 2nd Avenue North, Ste 1600			3.3 STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg, FL 33701			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Brisebois, Mark F.			4.2 NAME			
STREET ADDRESS	8435 Stemmons Freeway			4.3 STREET ADDRESS			
CITY-ST-ZIP	Dallas, TX 75247			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Abide, Raymond G.			5.2 NAME			
STREET ADDRESS	8435 Stemmons Freeway			5.3 STREET ADDRESS			
CITY-ST-ZIP	Dallas, TX 75247			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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\*\*\*\$550.00 \*\*\*\$550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or 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.

CR2E034 (10/97)