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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500053692 (6)

EXCEL PERSONNEL, INC.

Principal Plac	e of Busines	Mailing Address	Mailing Address				JE BUDIET OTAGU ATATE UTFA	A IBIAN EEQHAANI	
\$700 AIRPORT RD SUITE 200 BOCA RATON FL \$3431			SUITE 200	3700 AIRPORT RD SUITE 200 BOCA RATON FL 33431-6409					
							3. Date Incorporated or Qualified 07/07/1995	3a. Date of La 05/01/199	
2. Principal P	lace of Busin	ness	2a. Mailing Addr	2a. Mailing Address			4, FEI Number		Applied For
21			26				65-0592891		Not Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7-1	75 Additional ee Required
City & State			City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country		Zip	Country			8. This corporation has liability for		
24	25		29		30			Yes DNo	161 8. 199.032,
5	9. Name	and Address of Curre					10. Name and Address of New Re	<u> </u>	
FINKELSTEIN, ABRAM						Name			
3700 AIRPORT RD				82 Street Add			ress (P.O. Box Number is Not Acceptal	ole)	
SUITE 200 BOCA RATON FL 33431					83			, ,	**************************************
ВОС	JA MAION	FL 33431							
					84	City		FL 85	Zip Code
office or r	registered ac	ent, or both, in the State	e of Florida. Such chan	ge was author	ized by	the corpora	poration submits this statement for the tition's board of directors. I hereby acce	ourpose of changi	
	ım t a miliar wi	ith, and accept the oblig	gations of, Section 607.	0505, Florida S	Statutes	S.			
SIGNATURE	Signature, typed	or printed name of registered ag	gent and title if applicable	(NO1E Flegis	lered Ago	nt signature requ	red when reinstaling)	DATE	A
12.		OFFICERS AN	ND DIRECTORS	1	18.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
TITLE	Р/Т		□ D€	LETE 1	A TITLE			☐ Cha	inge 🔲 Addition
NAME	· · · · · · · · · · · · · · · · · · ·			1.9					
STREET ADDRESS 3700 AIRPORT RD., #200				1.3 STREET ADDRESS				:	
CITY-ST-ZIP		ATON FL 33431			1.4 CITY - ST - ZIP				
TITLE	V/S		DE	LETE 2	11 TITLE		· ·	☐ Cha	inge L Addition
NAME	FINKELSTEIN, ABRAM			2	2.2 NAME				
STREET ADDRESS				2	3 STREET	ADDRESS			
CITY-ST-ZIP	BUCA H	ATON FL 33431			. 4 CITY-5	ST - ZIP			
TITLE			∐ D€		L1 TITLE			[] Cha	inge L Addition
NAME				3	.2 NAME				
STREET ADDRESS				3	L3 STREET	ADDRESS			
CITY-ST-ZIP			- I pr		.4. CITY - S	ST-ZIP			a decision
TITLE			□ DE		I.9 TITLE			L Cha	inge L Addition
NAME					I. 2 NAME				
STREET ADDRESS					I.3 STREET				
CITY-ST-ZIP			DE		A CITY-S	1- ZIP		Cha	inge Addition
TITLE			ال ال		ET TITLE			L Gla	nge 🔲 Addition
NAME					.2 NAME				
STREET ADDRESS				1	3 STREET				
CITY-ST-ZIP			☐ DE		4 CHTY - S	1-ZIP		☐ Cha	inge Addition
TITLE	•		L DE		ET TITLE			LJ CIB	nge La Audition
NAME					L2 NAME	4000000			
STREET ADDRESS	l .			Б	.3 STREET	ADDRESS			

6.4 CITY-ST-ZIP

14. I do 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.

Abram Finkelstein, VP April 21, 1997 (561)368-2922