

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

FILED

Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24622** (3)  
1. Corporation Name  
**ACCEL, INC.**



Principal Place of Business <b>206 MARTIN AVE. ELLWOOD CITY PA 16117</b>	Mailing Address <b>206 MARTIN AVE. ELLWOOD CITY PA 16117</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>08/06/1989</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>59-1247753</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b>		<b>27</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>23</b>		<b>28</b>		<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>DECARIA, RALPH</b> <b>180 E. PIEDMONT AVE.</b> <b>PORT ORANGE FL 32019</b>				<b>81 Name</b>	
<b>1890 SUMMIT CHASE AVE</b> <b>APOPKA, FL 32703</b>				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1890 SUMMIT CHASE AVE</b>	
				<b>83</b>	
				<b>84 City</b> <b>APOPKA</b> <b>FL</b> <b>85 Zip Code</b> <b>32703</b>	

**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)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECARIA, RALPH</b>	1.2 NAME	
STREET ADDRESS	<b>1890 SUMMIT CHASE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECARIA, ANGELO</b>	2.2 NAME	
STREET ADDRESS	<b>322 FRANKLIN AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLWOOD CITY PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S.T.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINTEER, VINNIE</b>	3.2 NAME	
STREET ADDRESS	<b>206 MARTIN AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLWOOD CITY PA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

**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: *Do Paula* 2/16/98 (407) 880-1322

CR2E034 (10/97)