

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # 283479 (4)

95 JUL -3 AM 8:30

1. Corporation Name
LABOR EXCEL, INC.

Principal Place of Business Mailing Address
4551 POWER LINE ROAD FT. LAUDERDALE FL 33309 **4551 POWER LINE ROAD FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		07/21/1964	03/14/1994
22 Suite, Apt # etc		27 State, Apt # etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-1111813	Not Application
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		29		6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. This corporation has liability for state income tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEDAS, EDWARD 10891 STONEBRIDGE BLVD BOCA RATON FL 33496				81	Name		
				82	Street Address (P.O. Box Number is Not Accepted)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Current Registered Agent) _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13.	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDAS, EDWARD	1.2 NAME	
STREET ADDRESS	10891 STONEBRIDGE BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDAS, KAREN	2.2 NAME	
STREET ADDRESS	10891 STONEBRIDGE BLVD	2.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	
TITLE	V <i>Joseph Kenney</i>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>JOSEPH KENNEY</i>	3.2 NAME	
STREET ADDRESS	<i>9671-D BOCA GARDENS CIR N</i>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<i>BOCA RATON, FL 33496</i>	3.4 CITY, ST, ZIP	
TITLE	<i>T</i>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>KELLY KENNEY</i>	4.2 NAME	
STREET ADDRESS	<i>9671-D BOCA GARDENS CIR N</i>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<i>BOCA RATON, FL 33496</i>	4.4 CITY, ST, ZIP	
TITLE		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		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 is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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. I am an officer or director of the corporation or the licensee 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 of this report, or on an attachment with an address.

SIGNATURE: *Kelly A. Kenney* 6/27/95 (305) 771-7055

CR2E034 (3/95)