

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003802 (4)

1. Corporation Name

EXCEL TAX AND BOOKKEEPING SERVICES INC.

Principal Place of Business

7598 STOCKTON TERRACE
BOCA RATON FL 33433

Mailing Address

7598 STOCKTON TERRACE
BOCA RATON FL 33433-4156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

LIEBERMAN, ALAN
7598 STOCKTON TERRACE
BOCA RATON FL 33433

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

08/21/1996

4. FEI Number

65-0597239

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

10. Name and Address of New Registered Agent

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

Alan Lieberman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. NAME

1.2. NAME

1.3. STREET ADDRESS

1.4. CITY-ST-ZIP

2.1. NAME

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY-ST-ZIP

3.1. NAME

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-ST-ZIP

4.1. NAME

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-ST-ZIP

5.1. NAME

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-ST-ZIP

6.1. NAME

6.2. NAME

6.3. 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.

SIGNATURE

4/17/97 561.347-0337

FILED
Apr 24 1997 8:00am
Secretary of State



CP2E034 (9/96)