

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004839 (3)**
1. Corporation Name

EXCEL TRADE GROUP, INC.

Principal Place of Business

**18938 ST LAURENT DR.
LUTZ FL 33549**

Mailing Address

**18938 ST LAURENT DR.
LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1997	
21 1527 N Dale Mabry	26 1527 N Dale Mabry	4. FEI Number 68-0363223		Applied For <input type="checkbox"/> Not Applicable	
22 104	27 104	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Lutz FL	28 Lutz FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33549	25 Pasco	29 33549	30 PASCO	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COHN, ROY W 3321 HENDERSON BLVD TAMPA FL 33609				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIGLER, RICH	1.2 NAME	
STREET ADDRESS	555 FURNACE HILLS PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ PA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, MIKE	2.2 NAME	
STREET ADDRESS	3000 AUBURN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLINI, LARRY	3.2 NAME	
STREET ADDRESS	21 WEST 7TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWTON, STAN	4.2 NAME	
STREET ADDRESS	5800 MEXICO RD., STE 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERS MO	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 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 a subsequent filing with an address

SIGNATURE:

VERNON F TAYLOR

5-1-98 813948444

CR2E034 (10/97)