

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90161 033 ***150.00

DOCUMENT # F97000004839

1. Corporation Name
EXCEL TRADE GROUP, INC.



Principal Place of Business
1527 N DALE MABRY
104
LUTZ FL 33549
US

Mailing Address
1527 N DALE MABRY
104
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

68-0363223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

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

TITLE PCD ☐ DELETE
NAME ZEIGLER, RICH
STREET ADDRESS 555 FURNACE HILLS PIKE
CITY-ST-ZIP LUTTZ PA

TITLE VD ☐ DELETE
NAME AMES, MIKE
STREET ADDRESS 3000 AUBURN COURT
CITY-ST-ZIP AUBURN HILLS MI

TITLE VD ☒ DELETE
NAME BERTOLINI, LARRY
STREET ADDRESS 21 WEST 7TH ST
CITY-ST-ZIP SANTA ROSA CA

TITLE D ☒ DELETE
NAME HOWTON, STAN
STREET ADDRESS 5600 MEXICO RD., STE 2
CITY-ST-ZIP ST PETERS MO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T ☐ Change ☒ Addition
1.2 NAME Joe Siemer
1.3 STREET ADDRESS 515 W. Main St
1.4 CITY-ST-ZIP Teutopolis IL 62467

2.1 TITLE 2 VP ☐ Change ☒ Addition
2.2 NAME Craig Brummell
2.3 STREET ADDRESS Box 10
2.4 CITY-ST-ZIP Essex Ontario N8M 2Y1

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Don Scott
3.3 STREET ADDRESS 1700 School Bridge Rd
3.4 CITY-ST-ZIP Rolla MO 65401

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Ann Hudson
4.3 STREET ADDRESS 5600 Mexico Rd Suite 2
4.4 CITY-ST-ZIP St Peters MO 63376

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Wayne Fischer
5.3 STREET ADDRESS PO Box 4347
5.4 CITY-ST-ZIP Naperville IL 60547

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

8139486604

Daytime Phone #

CR2524 (11/98)

0376871