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

**FILED PROFIT** Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name H48096 EXCEL GROUP INTERNATIONL, INC. Principal Place of Business Mailing Address 427 NE 2ND ST. 427 NE 2ND ST. DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/20/1985</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-2736288 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Burner Browa Personal Property Tax due June 30. Yes 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHMIDT, GREGORY C. 427 NE 2ND ST. 82 Street Address (P.O. Box Number is Net Acceptable) **DEERFIELD BCH FL 33441** 83 84 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SCHMIDT, GREGORY C. NAME 1.2 NAME STREET ADDRESS 427 NE 2ND ST. 1.3 STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE noitibhA TITLE 2.1 TITLE ☐ Chapge NAME SCHMIDT, GREGORY C. 2.2 NAME STREET ADDRESS 427 NE 2ND ST. 2.3 STREET ADDRESS **DEERFIELD BCH FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

3/20/98

6.4 CMY-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

STREET ADDRESS

Block 12 or Block 13 if changed or on an attachment with an address.