## 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 02, 1999 8:00 am Secretary of State

04-02-1999 90076 045 \*\*\*150.00

- I HERBOUR DENT GEREN GEREN GERALD GEREN GEREN BIRKE BEREIT BEREIT GEREN GEREN GEREN GEREN GEREN GEREN FLAGE

## DOCUMENT # H48096 1. Corporation Name

EXCEL GROUP INTERNATIONL, INC.

Principal Place of Business Mailing Address							# 1411# #111 #1#11	. BIBIT 41817 PIBIT 1	Billi biali iaa)
427 NE 2ND ST.  DEERFIELD BCH FL 33441 US  427 NE 2ND ST.  DEERFIELD BCH FL 33441 US  US						DO NOT V	/RITE IN THI	S SPACE	
						3. Date Incorporated or Quality 03/20/1985	ed		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		At	oplied For
21		26			59-2736288			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1			5. Certificate of Status Desired			Additional equired
City & State	ө	City & State	City & State			Election Campaign Financi     Trust Fund Contribution	ng 🗆	•	May Be to Fees
Zip	Country Zip		Country			8. This corporation owes the	urrent year li	ntangible	
24	25 29 30			Ciscillati topolity rax:			☐ Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Regist			w Registere	d Agent	
				81	Name				ł
SCHMIDT, GREGORY C. 427 NE 2ND ST.				82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
DEERFIELD BCH FL 33441				83		<u> </u>	<del></del>		
				84	City		F	85 Zip (	Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autho agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida</li> </ol>				ועסנ	the corporati	oration submits this statement for on's board of directors. I hereby ac	he purpose o	of changing its	registered == egistered
SIGNATURE									
- SIGNATURE	Signature, typed or printed name of registered agent			Agent	t signature require	d when reinstating)	DATE	DIDE 074	200 111 10
12.	OFFICERS ANI		13.		<del></del>	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition
TITLE	DPV	☐ DELETE	1.1 π					change	[
NAME	SCHMIDT, GREGORY C.		1.2 N						
STREET ADDRESS	427 NE 2ND ST.		1.3 5	TREET	ADDRESS				í
CITY-ST-ZIP	DEERFIELD BCH FL			TY-ST	-ZIP			Change	Addition
TITLE	ST	C) DELETE	2.1 ⊤[	TLE				_] Criange	Addition
NAME	SCHMIDT, GREGORY C.		2.2 N						ſ
STREET ADDRESS	427 NE 2ND ST.	-			ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH FL			ITY-S	T-ZIP			☐ Change	Addition
πιε	_	☐ DELETE	3.1 Т					□ cuanâe	□ Addition
NAME			3.2 N						ļ
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP		El perere		ITY-ST	T-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 71		]			C.) Onarige	
NAME		•	- 4.2 N						
STREET ADDRESS		•			ADDRESS	Name and the second			ŀ
CITY-ST-ZIP	<u> </u>	Попт		TY-ST	-ZIP			Change	Addition
TITLE		☐ DELETÉ	5.1 TI 5.2 N		1	1) .4,			
NAME			•		ADDRESS	•,*			
STREET ADDRESS				IKEEI ITY-ST					
CITY-ST-ZIP		DELETE	6.1 TI		- 417	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
TITLE		L) DECEIE	6.2 N		l				
NAME	The state of the s				ADDRESS				
STREET ADDRESS			0.3 \$	incel	ALUKESS				

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Daytime Phone #