

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:05

DOCUMENT # K47690

(8)

1. Corporation Name

EXEL SYSTEMS, INC.

Principal Place of Business

Mailing Address

C/O ROBERT BIENSTOCK
8724 N.W. 83RD STREET
TAMARAC FL 33321

C/O ROBERT BIENSTOCK
8724 N.W. 83RD STREET
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1988

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0086185

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$9.75 Additional

Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIENSTOCK, ROBERT
8724 N.W. 83RD STREET
TAMARAC FL 33321

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

1.1 TITLE

☐ Change

☐ Addition

NAME

BIENSTOCK, ROBERT

12 NAME

STREET ADDRESS

3031 N. OCEAN BLVD.#1506

13 STREET ADDRESS

CITY - ST - ZIP

FT. LAUDERDALE FL

14 CITY - ST - ZIP

TITLE

2.1 TITLE

☐ Change

☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE

3.1 TITLE

☐ Change

☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

4.1 TITLE

☐ Change

☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

5.1 TITLE

☐ Change

☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

6.1 TITLE

☐ Change

☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #