SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS 996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED MINIMUM AMOUNT DUE TO RE E: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT ATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPOR IS

DOCUMENT # **K49944** **(7)**

1. Corporation Name

EXCELSIOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
207 MOSS RD N STE 201 WINTER SPRINS FL 32708 US	125 EXCELSIOR PKWY SUITE 205 WINTER SPRINS FL 32708 US

2. Principal Place of Business	2a. Mailing Address
21	26 207 Moss Rd N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #201
City & State 23	City & State 28 WINTER SPRING
Zip 24 / Country 25	Zip 29 32708 / Country 30 SEMINOLE

3. Date Incorporated or Qualified: 11/30/1988

3a. Date of Last Report: 05/31/1995

4. FEI Number: 59-2933292 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MUNIZZI, E. LEE
207 MOSS ROAD, NORTH #201
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUNIZZI, LEE		1.2 NAME		
STREET ADDRESS	207 MOSS ROAD NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUNIZZI, SALVATORE B.		2.2 NAME		
STREET ADDRESS	207 MOSS RD. NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONNA MUNIZZI		3.2 NAME		
STREET ADDRESS	207 MOSS RD N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPGS, FL. 32708		3.4 CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AMY MUNIZZI		4.2 NAME		
STREET ADDRESS	207 MOSS RD. N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPGS, FL. 32708		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 fee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: _____ 7-1-96 407-327-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR... Date Daytime Phone #

0010094 CP