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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
95 MAY 21 PM 8:15

DOCUMENT # **L00345** **(3)**

1. Corporation Name

EXCELSIOR CONSTRUCTION CORPORATION, INC.

Principal Place of Business	Mailing Address
207 MOSS RD NORTH STE 201 WINTER SPRINGS FL 32708	207 MOSS RD NORTH STE 201 WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/03/1989**
3a. Date of Last Report: **06/03/1994**

21 2. Principal Place of Business	26 2a. Mailing Address: 125 Excelsior Pkwy	4. FEI Number: **59-2958149**	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: Suite 205	5. Certificate of Status Desired: X	$8.75 Additional Fee Required
23 City & State	28 City & State: Winter Springs, FL	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip: 32708 / 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: X Yes ☐ No	

9. Name and Address of Current Registered Agent

MUNIZZI, E LEE
207 MOSS RD N
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

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 _____ (DATE)
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	MUNIZZI, E. LEE	12 NAME	
STREET ADDRESS	207 MOSS RD. N., #201	13 STREET ADDRESS	
CITY ST ZIP	WINTER SPRINGS FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MUNIZZI, AMY K	22 NAME	
STREET ADDRESS	207 MOSS RD 201	23 STREET ADDRESS	
CITY ST ZIP	WINTER SPRINGS FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	X Change ☐ Addition
NAME	MUNIZZI, LEE	32 NAME	e/T Munizzi, Salvatore
STREET ADDRESS	207 MOSS RD 201	33 STREET ADDRESS	207 Moss Rd 201
CITY ST ZIP	WINTER SPRINGS FL	34 CITY ST ZIP	Winter Springs, FL 32708
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 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 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.

SIGNATURE: _____ 5/25/95 407-327-2200
SIGNATURE AND TYPED OR PRINTED NAME OF A FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037686 CP