
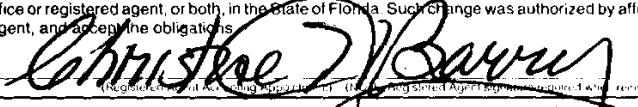


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company EXCELL AGENT SERVICES, L.L.C. 4050 RIOMAR DRIVE ROCKLEDGE FL 32955		DOCUMENT # M96000000354	
2. Principal Place of Business 4050 RIOMAR DRIVE Suite, Apt. #, etc.		1a. Principal Place of Business Address 4050 RIOMAR DRIVE ROCKLEDGE FL 32955	
City & State ROCKLEDGE FL		3. Date Organized or Qualified 09/18/1996	
Zip 32955		3a. State of Formation AZ	
Country US		4. FEI Number 86-0751266	
5. Date of Last Report 05/15/1998		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent PATON, BRUCE 4050 RIOMAR DRIVE ROCKLEDGE FL 32955		8. Name and Address of New Registered Agent/Office Name CHRIS BARRY Street Address (P.O. Box Number is Not Acceptable) 4050 RIOMAR DRIVE Suite, Apt. #, etc. City ROCKLEDGE FL Zip Code 32955	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE 		DATE 3/8/99	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	EVANOFF, DAN	2175 WEST 14TH STREET	TEMPE AZ
MGRM	PEARCE, DAN	2175 WEST 14TH STREET	TEMPE AZ
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 