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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90212 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N44627			
1. Corporation Name EXCEL FOUNDATION, INC.			
Principal Place of Business P O BOX 280173 TAMPA FL 33682-0173		Mailing Address P O BOX 280173 TAMPA FL 33682-0173	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/12/1991	
		4. FEI Number 59-3085173		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent NORIEGA, PENNY 16712 SHEFFIELD PK LUTZ FL 33549				10. Name and Address of New Registered Agent 81 Name Tammy Turner 82 Street Address (P.O. Box Number is Not Acceptable) 732 Ocean Side Circle 83 84 City Ruskin FL 85 Zip Code 33570			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Tammy Turner **DATE:** 4-21-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE NAME SCHWARTZ, JANINE STREET ADDRESS 4145 SALTWATER BLVD CITY-ST-ZIP TAMPA FL 33615	1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Tammy Turner 1.3 STREET ADDRESS 732 Ocean Side Circle 1.4 CITY-ST-ZIP Ruskin, FL 33570	TITLE D <input checked="" type="checkbox"/> DELETE NAME SCHWARTZ, MIKE STREET ADDRESS 4145 SALTWATER BLVD CITY-ST-ZIP TAMPA FL 33615	2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Shelley Ross 2.3 STREET ADDRESS 4712 White Cliff Pl 2.4 CITY-ST-ZIP Dover FL 33527
TITLE VP <input checked="" type="checkbox"/> DELETE NAME NORIEGA, PENNY STREET ADDRESS 16712 SHEFFIELD PARK CITY-ST-ZIP TAMPA FL 33549	3.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME JoAnn Puentes 3.3 STREET ADDRESS 5206 Sandtrap Pl 3.4 CITY-ST-ZIP Salt Lake CO UT 84114	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Marta Cortez 4.3 STREET ADDRESS 12006 Gaines Court 4.4 CITY-ST-ZIP Tampa, FL 33618
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Steve Hartmann 5.3 STREET ADDRESS 618 College Ave 5.4 CITY-ST-ZIP Ruskin, FL 33570	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janine Schwartz **SIGNATURE:** Tammy Turner **DATE:** 4-21-99 **Daytime Phone #** 813-641-3174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)