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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002229

1. Corporation Name

EXCEL ALTERNATIVES, INC.

Principal Place of Business

520 WEST LAKE MARY BLVD.
SANFORD FL 32773

Mailing Address

520 WEST LAKE MARY BLVD.
SANFORD FL 32773



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

59-3383506

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

9. Name and Address of Current Registered Agent

GIANNONI, TIMOTHY
520 WEST LAKE MARY BLVD.
SUITE 300
SANFORD FL 32773

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BARKER, SANDRA**
STREET ADDRESS **1928 HOWELL BRANCH RD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ DELETE
NAME **BASS, MIKE**
STREET ADDRESS **1155 S SEMORAN BLVD STE 1141**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ DELETE
NAME **MONCRIEF, RUSSELL**
STREET ADDRESS **190 KATIE'S COVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **P** ☐ DELETE
NAME **GIANNONI, TIMOTHY**
STREET ADDRESS **520 W. LAKE MARY BLVD. SUITE 300**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **C** ☐ DELETE
NAME **HOWELL, JOHN**
STREET ADDRESS **P.O. BOX 693 N/A**
CITY-ST-ZIP **ORLANDO FL 32802**

TITLE **D** ☐ DELETE
NAME **WINESBURGH, BEVERLY**
STREET ADDRESS **978 DOUGLAS AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **DARVIN Boothe**
1.3 STREET ADDRESS **991 SAND LAKE ROAD**
1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL. 32714**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **RUBY HOMAYSSI**
2.3 STREET ADDRESS **1409 PYLEWOOD ST.**
2.4 CITY-ST-ZIP **FERN PARK, FL. 32730**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JOSEPH SOYNER**
3.3 STREET ADDRESS **5146 N. Pine Hills Rd.**
3.4 CITY-ST-ZIP **ORLANDO, FL. 32808**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **GARY KANE**
4.3 STREET ADDRESS **670 W. FAIRBANKS**
4.4 CITY-ST-ZIP **WINTER PARK, FL. 32789**

5.1 TITLE **C** ☒ Change ☐ Addition
5.2 NAME **HOWELL, JOHN**
5.3 STREET ADDRESS **200 S. ORANGE AVE., SUITE 2600**
5.4 CITY-ST-ZIP **ORLANDO, FL. 32801**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **MALCOLM MACDIARMID**
6.3 STREET ADDRESS **1723 GOLFSIDE DR.**
6.4 CITY-ST-ZIP **WINTER PARK, FL. 32792**

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 321-5627
Ext. 120

CR2E037 (1/98)