

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:55

DOCUMENT # P92000005050 (9)

1. Corporation Name
IXCEL CORPORATION

Principal Place of Business Mailing Address
**7601 KISMET ST.
MIRAMAR FL 33023** **7601 KISMET ST.
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/16/1992 **02/15/1994**

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0379245 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | X \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | □ \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | □ Yes X No | |
| 23 | | 28 | | 24 | | 25 | |
| Zip | | Zip | | 29 | | 30 | |
| Country | | Country | | 33008 | | U.S.A. | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|---|
| TITLE | PD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMKO, GARY J. | 2. NAME | |
| STREET ADDRESS | 7601 KISMET ST. | 3. STREET ADDRESS | |
| CITY, ST, ZIP | MIRAMAR FL | 4. CITY, ST, ZIP | |
| TITLE | | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY, ST, ZIP | | 24. CITY, ST, ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY, ST, ZIP | | 34. CITY, ST, ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 (2)(g), 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, on an attachment with an address.

SIGNATURE: *Gary J. Tomko* GARY J. TOMKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9-95 305-454-4507
1506 (Initial Filing)