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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P9200007333 (7)

1. Corporation Name

EXCEL DISTRIBUTION, INC.



					<u> </u>
Principal Place of E	Business	Mailing Address			
		3350 A KORI ROAD JACKSONVILLE FL 3225	.7		
JACKSONVILLE	E TL 32237	STOROGHALLE I E OFFI	•	3. Date Incorporated or Qualified	3a. Date of Last Report
				11/24/1992	04/27/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
	MARLEE RO		ARLEE RD.	59-3150722	X Not Applicable
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	zerland, FL	28 SwitzERLA	ted, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24 <i>32</i> 259	25 U.S.A.		ю U.S.A.	Florida Statutes Yes 10. Name and Address of New Re	
9	9. Name and Address of Curren	it Hegistered Agent	81 Name		
HOWARD	JEFFREY,		20 01-14	PAR	nery
	ORI ROAD		82 Street Addr	1322 MARLEE_	čD
	NVILE FL 32257		83		
			84 City (- , , , ,	85 Zip Code
				DWITZERLAND	FL 32259
11. Pursuant to the	he provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, da. Such change was authorized	the above-named corporation's boa	ration submits this statement for the pur rd/of directors. I hereby accept the appo	pose of changing its registered offic pintment as registered agent. I am
familiar with, a	and accept the obligations of Sect	iio 1 007:0005, Florida Statutes.	D : I	ration submits this statement for the puri rdyof directors. I hereby accept the appo	Maple
SIGNATURE	rature, typod or private name of registereo agent	monly men	Registered Agent signature require	d when reinstating	7/81/40
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
T-TLF	D	₩ DELETE		D	Change
NAME	HOWARD, JEFFREY	-	1.2 NAME	JARY M. MONTGOMEN	e 🎸
STREET ADDRESS	3350-A KORI ROAD		1.3 STREET ADDRESS	1322 MARLEE RO	
CITY-ST-ZIP	JACKSONVILLE FL	THE DELETE	7	3	3,2,259
TITLE	D DAVISON DAVISONO D	DELETE	2.1 TITLE	April M. Montgomea 1322 MARLEE RO Switzerland, FL	La/
NAME	HOWARD, RAYMOND B 3350-A KORI ROAD		2.2 NAME 2.3 STREET ADDRESS	1322 MARLEE RO.	7
STREET ADDRESS	JACKSONVILLE FL		2.4 CITY-ST-ZIP	SwiTreeland FL.	34259
CITY-ST-ZIP TITLE	UNONDOTTILLE TE	☐ DELETE	3. 1 TITLE		Change Addition
			3.2 NAME		
NAME					
NAME STREFT ADDRESS			3.3. STREET ADDRESS		
1			3 4 CITY - ST - ZIP		Chaoni
STREFT ADDRESS		☐ DELETE	3 4 CITY-ST-ZIP		☐ Change: ☐ Add-tion
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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)(k). 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 15 or changed, or on an attachment with an eddress.

SIGNATURE:

ANALYZED OR PRINTED NAME OF SIGNING OFFICER OF DIRE

4/27/96 904-268-4787