AMENDED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1896 **APPROVED** AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) AND PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 96 AUG 30 AH 10: 39 **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P93000041429 (0) EXL-ITE INC. Principal Place of Business 900001937159 -08/30<u>/</u>36--01079--004 Mailing Address 1065 SW 15 Avenue SAME *****70.00 *****70.00 C-12 Delray Beach, FL. 33444 3. Date incorporated or Qualified 3a. Date of Last Report 06/071993 07/19/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 1065 SW 15 AVENUE 21 Applied For 26 SAME 65-0462905 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc \$8.75 Additional C-12 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 DELRAY BEACH, FL. \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζip Zio Country 8. This corporation has liability for intangible tax under s 199 032 33444 25 USA 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Brent D. Bruns 81 Jeffrey P. Longo 1065 SW 15 Avenue, C-12 Street Address (P.O. Box Number is Not Acceptable)
1065 SW 15 Ave, C-12 82 Delray Beach, FL. 33444 83 DELRAY BEACH, FL. 33444 84 City 85 Zip Code 33444 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 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. arrie of registeren agen (al 1 stre if app SIGNATURE Jeffrey P. Longo 8-29-96 12. DATe OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELETE 11 TITLE X Change Addition PRESIDENT P NAME (**32**) BRENT D. BRUNS 1.2 NAME JEFFREY P. LONGO 1065 SW 15 AVE, C-12 DELRAY BEACH, FL. 33444 STREET ADDRESS 13 STREET ADDRESS 1065 SW 15 AVE, C-12 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELRAY BEACH, FL. 33444 Change & Addition TITLE 2 1 TITLE S/T SECRETARY/TREASURER NAME LINDA LICONTI
1065 SW 15 AVE, C-12
DELRAY BEACH, FL. 33444
VICE PRESIDENT MChange
WILLIAM G. FONTAINE
1065 SW 15 AVE, C-12
DELRAY BEACH, FL. 33444 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TiffLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 7(1) 6 Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 T(T) F Change ___Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP THILE DELETE 6 1 TITLE Change NAME Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7P 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 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and final 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 13 if changed, or on an attachment with an address. 6.4 CITY-ST-ZIP

LINDA LICONTI

X1-9190 561-274-8737