

AMENDED

\$ 61.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 AUG 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/30/96--01079--004
*****70.00 *****70.00

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000041429 (0)
1. Corporation Name
EXL-ITE INC.

Principal Place of Business
1065 SW 15 Avenue
C-12
Delray Beach, FL. 33444

Mailing Address
SAME

3. Date Incorporated or Qualified 06/071993	3a. Date of Last Report 07/19/96
4. FEI Number 65-0462905	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1065 SW 15 AVENUE Suite, Apt #, etc	26 SAME Suite, Apt #, etc
22 C-12 City & State	27 City & State
23 DELRAY BEACH, FL. Zip	28 City & State
24 33444 Country	29 City & State
25 USA	30 Country

9. Name and Address of Current Registered Agent
Brent D. Bruns
1065 SW 15 Avenue, C-12
Delray Beach, FL. 33444

10. Name and Address of New Registered Agent
81 Name Jeffrey P. Longo
82 Street Address (P.O. Box Number is Not Acceptable)
1065 SW 15 Ave, C-12
83 DELRAY BEACH, FL. 33444
84 City Delray Beach FL 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 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 *Jeffrey P. Longo* Jeffrey P. Longo 8-29-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT BRENT D. BRUNS 1065 SW 15 AVE, C-12 DELRAY BEACH, FL. 33444	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P PRESIDENT P JEFFREY P. LONGO 1065 SW 15 AVE, C-12 DELRAY BEACH, FL. 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	S/T SECRETARY/TREASURER LINDA LICONTI 1065 SW 15 AVE, C-12 DELRAY BEACH, FL. 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	V VICE PRESIDENT WILLIAM G. FONTAINE 1065 SW 15 AVE, C-12 DELRAY BEACH, FL. 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Liconti* LINDA LICONTI
SECRETARY/TREASURER/DIRECTOR
8/29/96 561-274-8737

CR2E034 (3/96)