## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 16 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000059717 (7)

EXCALIBUT HEALTY, INC.								
Principal Place	e of Business	Ma	iling Address			-		46 90
% DERYLL F.	GROSS	e.	DERYLL F. GROSS					
5115 9TH AVE DR. W.		51	5115 9TH AVE DR. W.		DO NOT WRITE	IN THIS SPACE		
BRADENTON FL 34209			BRADENTON FL 34209 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
""		US.	,			08/25/1993		
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number	lanA	lied For
21			26			65-0438582		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 Ad	ditional	
22		27			S. Commodic of Status Desired	Fee Requ	uired	
City & State		<del></del>	City & State		6. Election Campaign Financing	\$5.00 M		
Zip	Country	28]	Zip	Country		Trust Fund Contribution	Added to	
24	25	29	,	30		This corporation owes or has paid     Personal Property Tax due June 3		
[=4]	9. Name and Addres		ered Agent	301		10. Name and Address of New Reg		
CD	OSS, DERYLL F			81	Name			
	15 9TH AVE DR WEST	r			Oran at A sist	(D.O. Da. M	-1	
BRADENTON FL 34209				82	Street Addres	ss (P.O. Box Number is Not Acceptable	9)	
UIV	WEITIVITIE UTEUS			83	··	······································		
				84	City		85 Zip Co	do
				04	City		FL S 2000	loe
11. Pursuant	to the provisions of Secti	ons 607.0502 and 60	7.1508, Florida Statute	e-named corpo	ration submits this statement for the pu	rpose of changing its	registered	
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.								gisiered
SIGNATURE								
Signature, typed or printed name of registered against and title if appricable. (					int signature required		DATE CHOCKORO	10110
12.	OF	TICERS AND DIREC	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		IN 12 :
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14. I heroby 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 proporation 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 of Chapter 607, or on an attachment with an address.

E COUS 1-0-97