FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAR 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000067797

1. Corporation Name
EXCEL CORP.

Principal Place of Business	Mailing Address
407 Wekiva Springs Rd. STE 213 LONGWOOD fl 32779	

2. Principal Place of Business 21 1300 EXECUTIVE CTR DR	2a. Mailing Address 26 1300 EXECUTIVE CENTER
Suite, ~~Apt. #, etc~~ 22 517	Suite, Apt. #, etc. DRIVE SUITE 517 27
City & State 23 TALLAHASSEE fl 32301	City & State 28 TALLAHASSEE fl
Zip / Country 24 32301 / 25 LEON	Zip / Country 29 32301 / 30 LEON

3. Date Incorporated or Qualified: 09/24/93
3a. Date of Last Report:
4. FEI Number: 59-3216933 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GANESAVENKATARAMAN 407 WEKIVA SP. RD. # 213 LONGWOOD fl 32779	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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: [signature] 3/18/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SUB~~ PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SARAVANA SWAMINATHAN	1.2 NAME	
STREET ADDRESS	313 CARLYLE LAKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30033	1.4 CITY-ST-ZIP	
TITLE	V. P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GANESAVENKATARAMAN	2.2 NAME	
STREET ADDRESS	1300 EXECUTIVE CTR. DR. # 517	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE fl 32301	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby 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 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 or added in an attachment with an address.

SIGNATURE: [signature] 3/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

800/269-9753
Daytime Phone #