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

Mailing Address

9400 SOUTH DADELAND BOULEVARD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

9400 SOUTH DADELAND BOULEVARD



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000085088 (1)

EXCEL AUTOMOTIVE TRAINING, INC.

SUITE 100 MIAMI FL 33156 SUITE 100 MIAMI FL 33158-2811 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1993 02/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0449313 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country  $Z_{1D}$ This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SWAN, MICHAEL J THOMAS SUITE 1700 COURTHOUSE TOWER 82 Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER STREET TAMILTON TAYLOR + G MIAM! FL 33130-1808 DADELAND 84 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 Fiorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TiTLE 11 TITLE NIX, K C NAME 1.2 NAME 1200 ARMDALE LANE 1.3 STREET ADDRESS STREET ADDRESS MATTHEWS NC 28105 1.4 CITY - ST - ZIP CITY-ST-2IF VST DELETE Addition 21 TITLE Change THE CLARK, SCOTT SR NAME 2.2 NAME C/O 9400 S DADELAND BLVD., SUITE 100 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33156** 2.4 City-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 7/P 3.4 CITY-ST-7IP DELETE Change Addition THUE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP C07Y - \$1 - 7/2 DELETE Change Addition 5.1 TITLE THLE 5.2 NAME MAME STREET ADDRESS **53 STREET ADDRESS** CITY-S1-20P 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADORESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 path; 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