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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ecretary of State OF CORPORATIONS

P95000028126

EXCEPTIONAL, INC.

Mailing Address Principal Place of Business 1785 OPA-LOCKA BLVD 1795 OPA-LOCKA BLVD OPA-LOCKA FL 33054 OPA-LOCKA FL 33054-4221 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 04/05/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 65-0573805 Not Applicable 21 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 Added to Fees 23 28 Zip Country Zıp Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes 🔲 No 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEE, WINSTON 1795 OPA-LOCKA BLVD Street Address (P.O. Box Number is Not Acceptable) OPA-LOCKA FL 33054 63 R4 City Zip Code 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 Signore, typed or protections and of registered agent and little dispotential (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)12. DELETE Change Addition TITLE 1 1 TITLE NAME LEE, WINSTON G 12 NAME 7023 CROWN GATE COURT 13 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 1.4 City - ST-ZIP CITY-ST-Z:P DELETE Addition Change TITLE 2.1 TITLE BARNETT, BARRINGTON 2.2 NAME NAME 3919 NW 207TH STREET STREET ADORESS 2.3 STREET ADDRESS **MIAMI FL 33054** 2.4 CITY-ST-ZIP DITY-ST-ZIE DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CHY-ST-ZIP DELETE 4 1 TITLE Change ■ Addition TITLE NAM? 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY -ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY -ST-ZIP DELETE Change ☐ Addition 61 TITLE THEF NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-ZIF does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fundal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address.

SIGNATURE:

14. I do hereby certify that the informa

information indicated on this and I am an officer or director of the

appears in Block 12 or B

WINSTON G. LER, PRESIDENT

supplied with this filing

report or supplemental

(305)687-5600

FILED

Jan 29 1997 8:00am

Secretary of State