

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000029828 (7)

1. Corporation Name

EXCEL AUTO SERVICE OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

2002 LAKE WORTH RD.  
LAKE WORTH, FL 33461

332 HENTHORNE DRIVE  
PALM SPRINGS FL 33461

2. Principal Place of Business

2a. Mailing Address

21 2002 LAKE WORTH RD.

26 332 HENTHORNE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LAKE WORTH

27 PALM SPRINGS

City & State

City & State

23 FL

28 FL

Zip

Zip

Country

Country

24 33461

29 33461

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/14/1995

3a. Date of Last Report

4. FEI Number  
05-0557512

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

10. Name and Address of New Registered Agent

ORBOM, MARK  
332 HENTHORNE DRIVE  
PALM SPRINGS FL 33461

81 Name  
MARK ORBOM  
82 Street Address (P.O. Box Number is Not Acceptable)  
332 HENTHORNE DR.  
83  
84 City  
PALM SPRINGS  
85 Zip Code  
FL 33461

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D ORBOM, MARK  
STREET ADDRESS  
332 HENTHORNE DRIVE  
CITY-ST-ZIP  
PALM SPRINGS FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Orbom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-547-4988

Date

Daytime Phone #

CR2E034 (12/95)