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

Mailing Address

10513 HUNTRIDGE RD. ORLANDO FL 32825-5915

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or B

SIGNATURE:

10513 HUNTRIDGE RD.

ORLANDO FL 32825



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046510 (0)

EXCELLENCE TECHNICAL CORPORATION

3. Date Incorporated or Qualified 3a. Date of Last Report 06/15/1995 05/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Piace of Business Applied For 59-3319499 26 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 Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SANDRA EDITH FLETCHER EARNEST 10513 HUNTRIDGE RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32825 83 RA 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 Signature, typed or pented name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE 1:116 **PSTD** 1.1 TITLE Change EARNEST, SANDRA EDITH F NAME 1.2 NAME 10513 HUNTRIDGE RD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32825 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 21 TITLE ☐ Change Addition TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CrTY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TILLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS OITY - ST - ZIE 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City - St - ZiP 4.4 CITY-ST-ZIP DELETE Addition Change 5 1 TITLE TIFLE NAME 52 NAME **5.3 STREET ADDRESS** STHEET ADDRESS 54 CITY-ST-ZIP CITY-ST-Z-P DELETE Change Addition TITLE 61 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-7:P 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

ick 13 if changed, or on an attachment with an address

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