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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90003 013 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P95000046510 | | | |
| 1. Corporation Name EXCELLENCE TECHNICAL CORPORATION | | | |
| Principal Place of Business 10513 HUNTRIDGE RD. ORLANDO FL 32825 | | Mailing Address 10513 HUNTRIDGE RD. ORLANDO FL 32825 | |
| 2. Principal Place of Business 21 14026 Deep Forest Court Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32832 Country 25 USA | | 2a. Mailing Address 26 14026 Deep Forest Court Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32832 Country 30 USA | |
| 9. Name and Address of Current Registered Agent SANDRA EDITH FLETCHER EARNEST 10513 HUNTRIDGE RD ORLANDO FL 32825 | | 10. Name and Address of New Registered Agent 81 Name Sandra Edith Fletcher Earnest 82 Street Address (P.O. Box Number is Not Acceptable) 14026 Deep Forest Court 83 84 City Orlando, FL 85 Zip Code 32832 | |
| 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 Sandra E. F. Earnest, President DATE 4/23/99 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD EARNEST, SANDRA EDITH F 10513 HUNTRIDGE RD. ORLANDO FL 32825 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PSTD Earnest, Sandra Edith Fletcher 14026 Deep Forest Ct. Orlando, FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Treasurer Earnest, Jimmy Lynn 14026 Deep Forest Ct. Orlando, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sandra E. F. Earnest, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 **(407) 381-1060**
Date Daytime Phone #

CR2E034 (11/98)