PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053692

EXCEL PERSONNEL, INC.

Principal Place of Business	Mailing Address	
2120 N DIXIE HWY BOCA RATON FL 33431 US	2120 N DIXIE HWYT BOCA RATON FL 33431 US	

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90208 032 ***158.75



DO NOT WRITE IN THIS SPACE

110	U\$				00110711111		3	
US		US			3. Date Incorporated or Qualifed			
			-		07/07/1995	, 		olied For
2. Principal P	lace of Business	2a. Mailing Addre	. Mailing Address		4. FEI Number	_		
21		26			65-0592891		<u>, }</u>	Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. Certifcate of Status Desired	N	\$8.75 A	
22	•	27			o. Certificate of Charles Desired		Fee Red	quired
City & State City & S					6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	
Zip	Country		Zip Country		8. This corporation owes the curr	ant voor Into	ngib i	
· ·		<u></u>		unity	Personal Property Tax.			□No
24	25	29	30	1	10. Name and Address of New F			
	9. Name and Address of Curr	ent Registered Agent		04 1	10. Name and Address of New P	(egistereu /	rgent	
				81 Name	SPEIZ MAN, MICI	HAEL	A	
FINK	(ELSTEIN, ABRAM				ddress (P.O. Box Number is Not Accepta			
2120	N DIXIE HWY			2	IZON DIXIE A	IWY		
	E 200			83				
1	A RATON FL 33431			`	UITE 200			
BUU	A RATUR FL 33431						85 Zip C	
				Bc	OCA RATON .	FL		431
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florid	a Statutes, the			purpose of o	changing its	registered
office or r	registered agent, or both, in the Sta	te of Florida. Such chang	je was authorize 505. Elorido Sta	ed by the corpor	orporation submits this statement for the ation's board of directors. I hereby accep	и те аррон	iment as reg	istered
agent. i a	im familiar with, and accept the con	gations of, Section 607.0	303, FIORGA SIA	itutes.				[
SIGNATURE		at and the identity and	(MOTE: Desister	od Acont signatum roa	uired when reinstating)	DATE		
40	Signature typed or printed rame of registered a	<u> </u>	13		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.		AND DIRECTORS				10010141	Change	Addition
TITLE	(P/T	□ DE		TITLE	P/T/D SPEIZMAN, MICH	JAC (Change	
NAME	SPEIZMAN, MICHAEL A.		1.21	NAME	SPEIZMAN, MICH	7 <i>4</i> 22	A	
STREET ADDRESS			1.3 5	STREET ADDRESS	2120 N DIXIE H	N Y		{
CITY-ST-ZIP	BOCA RATON FL 33431		141	CITY-ST-ZIP	BOCA RATON FL	334	131	
TITLE	DOCA NATOR IL 33701			TITLE			Change	☐ Addition
		0		NAME				Į.
NAME								
STREET ADDRESS			2.3	STREET ADDRESS				
CITY-ST-ZIP	•			CITY-ST-ZIP		_		
TITLE		☐ DE	LETE 3.1	TITLE			Change	☐ Addition
NAME			3.21	NAME]
STREET ADDRESS			22	STREET ADDRESS				1
								}
CITY-ST-ZIP	 			CITY-ST-ZIP		_	Change	Addition
TITLE	1			TITLE				
NAME	1		4. 2	NAME				}
STREET ADDRESS			4.3	STREET ADDRESS				ĺ
CITY-ST-ZIP			44	CITY-ST-ZIP				}
TITLE	 			TITLE			Change	☐ Addition
			1	NAME			•	[
NAME				į.				
STREET ADDRESS	1			STREET ADDRESS				Ì
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP		_		
TITLE		☐ DE	LETE 6.1	TITLE			Change	☐ Addition
I NAME	}		6.2	NAME				
			633	STREET ADDRESS				į
STREET ADDRESS				CITY, ST. ZIP				
l			■ 641	LITY ST. ZIP				

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:

561-368-2922