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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067142 (6)

EXCEL REALTY SERVICES, INC.

FILED Feb 13 1997 8:00am Secretary of State



Principal Place	e of Business		М	Mailing Address					I 1881/1861 (IN 1819) BIJI BIJI BOJI BOJI BOJI BOJI BOJI PODI BIJI PODI BIJI BIJI BIJI BIJI BIJI BIJI BIJI BI					
11000 NW 24 COURT				11000 NW 24 COURT										
SUNFISE FL 33	3322		SI	JNRISE FL 33322-2516										
									3 Date	a Incorporate	ed or Qualified	1 3a D	ite of Last F	Benort
									08/	30/1995	ed of Qualified		29/1996	
2. Principal Place of Business				26 F.O. Box 452286				,		Number	•			pplied For
21								32286		5-0605935) 			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Cert	tificate of Sta	tus Desired			Additional equired
City & State				City-& State					6 Flan	tien Commoi	Fiine			
23			20	28 SUNRISE, FLA						tion Campai t Fund Contr	gn Financin g			May Be to Fees
Zip		Country	20	Zip _		Country					has liability fo			
24	2	¬ ′	29	33341-228	6 30	U	5A			ida Statutes			No.	s. 195.032,
		nd Address of Curre		stered Agent	- 00	T'	-,,				ress of New I	Registered	Agent	
GUINSLER, ROBERT D							Nam	е						
11000 NW 24 COURT						82	Stro	t Addro	ee /P O P	Roy Number	is Not Accept	able)		
SUNRISE FL 33322						02	0.100	ot Addre	335 (1 ,O. L	JOX 140/11DE	is Not Accept	2010)		
						83								
						84	City						DE 710	Code
						04	City					FL	85 Zip	Code
11. Pursuant	to the provision	ns of Sections 607.05	02 and 6	07.1508, Florida Stat	utes, the	above	e-name	ed corpo	oration sub	omits this sta	tement for the	purpose o	changing	its registered
office or ri	egistered age m familiar with	nt, or both, in the Stat , and accept the oblig	e of Flori gations o	da. Such change wa: if, Section 607.0505,	s autnor Florida S	izea by Statutes	/ ine co s.	orporatio	on s board	or directors	. Friendly acc	ept the app	ointment as	s registered
SIGNATURE			-											
	Signature, typed o	printed name of registered ag					ant signat	ure required	o when reinsta			DATE		
12.	no.	OFFICERS AN	ND DIRE	` `` 		3.			ADDI	TIONS/CHAI	NGES TO OFF	ICERS AND		
TATLE	DP DP	, ROBERT D		☐ DELETE		1 TITLE							☐ Change	☐ Addition
NAME						2 NAME								
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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 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

GUNSIER 2/11/20