

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90097 021 ***150.00

DOCUMENT # P95000071747

1. Corporation Name
XELANCE, INC.



Principal Place of Business

3545 S OCEAN BLVD
STE 615
PALM BEACH FL 33430
US

Mailing Address

3545 S OCEAN BLVD
STE 615
PALM BEACH FL 33430
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3545 S Ocean Blvd

Suite, Apt. #, etc.

22 Ste 615

23 Palm Beach FL

City & State

Zip Country

24 33480 25 US

2a. Mailing Address

26 3545 S Ocean Blvd

Suite, Apt. #, etc.

27 Ste 615

28 Palm Beach FL

City & State

Zip Country

29 33480 30 US

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

65-0686778

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEINSTEIN, ESQ FRED
1903 S OCEAN BLVD, STE 310
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
LOPASKY, MARC
STREET ADDRESS 3545 S OCEAN BLVD, #615
CITY-ST-ZIP PALM BEACH FL 33430

TITLE ☐ DELETE

NAME V
GUICHARD, VIRGINIA
STREET ADDRESS 3545 S OCEAN BLVD, #615
CITY-ST-ZIP PALM BEACH FL 33430

TITLE ☐ DELETE

NAME ST
LOPASKY, KERRY A
STREET ADDRESS 3545 SOUTH OCEAN BLVD, #615
CITY-ST-ZIP PALM BEACH FL 33430

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P
LOPASKY, Mark
1.3 STREET ADDRESS 3545 S Ocean Blvd, #615
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V
Guichard, Virginia
2.3 STREET ADDRESS 3545 S Ocean Blvd, #615
2.4 CITY-ST-ZIP Palm Beach FL 33480

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ST
Lopasky, Kerry A
3.3 STREET ADDRESS 3545 S. Ocean Blvd, #615
3.4 CITY-ST-ZIP Palm Beach, FL 33480

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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:

Mark Lopasky, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99

Date

561-547-1498

Daytime Phone #

CR2E034 (11/98)